2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # J71323

1. Entity Name
SPCDC DEVELOPMENTS, INC.

Principal Place of Business	Mailing Address
227 SECOND AVENUE NORTH ST PETERSBURG, FL 33701 US	P.O. BOX 54 ST PETERSBURG, FL 33731 US

02142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2810483
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ATTY. JOSEPH A. DIVITO
4514 CENTRAL AVE.
ST. PETERSBURG, FL 33711

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

H05000234322
02/18/05-80016-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GILLESPIE, JAMES R
STREET ADDRESS	4804 WINDMILL PALM TERRACE N.E.
CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	CD
NAME	BAILEY, PAUL
STREET ADDRESS	924 NORTH SHORE DR. NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	PD
NAME	REUSS, RONALD L
STREET ADDRESS	227 SECOND AVE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	D
NAME	ELLIOTT, LEANN
STREET ADDRESS	P.O. BOX 13489
CITY-ST-ZIP	ST. PETERSBURG, FL 33731
TITLE	D
NAME	UNLEY, DENISE G
STREET ADDRESS	5801 49TH STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709
TITLE	VD
NAME	NEWSOME, LARRY
STREET ADDRESS	6798 CROSSWINDS DR SUITE A-101
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald L Reuss 2/14/05 800 850 2504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #