

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # J71323

1. Entry Name
SPCDC DEVELOPMENTS, INC.



Principal Place of Business
227 SECOND AVENUE NORTH
ST PETERSBURG, FL 33701 US

Mailing Address
P.O. BOX 54
ST PETERSBURG, FL 33731 US



01122006 No Chg-P CR2E034 (11/05)

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

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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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

000000401041
02/02/06-80028-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #