

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # J71323**  
1. Entity 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

**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2810483	Applied For Not Applicable
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

U00000852870  
03/26/08-80046-023 158.75

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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 empoweres.

SIGNATURE: Ronald L Reuss Ronald L Reuss 3/6/08 8008502501  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #