

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90012 006 ***150.00

DOCUMENT # K99224

1. Entity Name
SPRUANCE AND ASSOCIATES, INC.



Principal Place of Business

**4604 ATLANTIC BLVD
1-B
JACKSONVILLE, FL 32207 US**

Mailing Address

**4604 ATLANTIC BLVD
1-B
JACKSONVILLE, FL 32207 US**



02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0133025

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPRUANCE, GILBERT O.
320 SEA MOSS LANE
PONTE VEDRA BEACH, FL 32082**

**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 *Gil Spruance* **GIL SPRUANCE President**

2/24/04

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **SPRUANCE, GILBERT O.**
STREET ADDRESS **32 JACKSON AVENUE 320 SEA MOSS LANE**
CITY-ST-ZIP **PONTE VEDRA BCH, FL 32082**

TITLE **V**
NAME **SPRUANCE, ELAINE S.**
STREET ADDRESS **32 JACKSON AVENUE 320 SEA MOSS LANE**
CITY-ST-ZIP **PONTE VEDRA BCH, FL 32082**

TITLE
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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 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: *Gil Spruance* **GIL SPRUANCE President** 2/24/04 (904) 399-5357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #