

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90042 025 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT **2004**



DOCUMENT # **L03199**

1. Corporation Name  
**SPIETH & ROUSE, INC.**



Principal Place of Business Mailing Address

**% YEAVONE SPIETH** **% YEAVONE SPIETH**  
~~113 N 7TH AVE~~ **130 W Main St** ~~113 N 7TH AVE~~ **130 W Main St**  
**WAUCHULA FL 33873-2601** **WAUCHULA FL 33873-2601**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>130 W Main St</b>		26 <b>130 W Main St</b>		07/20/1989	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number Applied For	
23 <b>Wauchula, FL</b>		28 <b>Wauchula, FL</b>		65-0128854 Not Applicable	
24 <b>33873</b> 25 <b>Florida</b>		29 <b>33873</b> 30 <b>Florida</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
ROUSE, PATRICIA 113 N 7TH AVE WAUCHULA FL 33873		81. Name			
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83.			
		84. City <b>FL</b> 85. Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes					

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPIETH, YEAVONE</b>	1.2 NAME	
STREET ADDRESS	<b>P.O. BOX 164 113 N 7TH AVENUE 130 W Main</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAUCHULA FL 33873</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROUSE, PATRICIA</b>	2.2 NAME	
STREET ADDRESS	<b>P.O. BOX 164 113 N 7TH AVENUE 130 W Main St</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAUCHULA FL 33873-2601</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I were the person who is an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes, and that I am not a partner in Block 12 or Block 13 if changed, or on an attachment with an address. If the information is changed, I shall file a corrected report.

SIGNATURE

*Yeavone Spieth*

*Patricia Rouse*

CD000004 11/11/03