

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90010 021 ***150.00

DOCUMENT # P01000064830

1. Entity Name
SPENCER BROTHERS MISC. CONCRETE INC.



Principal Place of Business
3214 TOASY DR.
ORLANDO, FL 32806

Mailing Address
3214 TOASY DR.
ORLANDO, FL 32806

24075801



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05042004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

59-3740473

Not Applicable

Zip

Country

Zip

Country

33896

Oseola

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPENCER, DAVID A
2733 RAEFORD RD.
ORLANDO, FL 32806

Name: Spencer, David A.
Street Address (P.O. Box Number is Not Acceptable):
6640 Twilight Ct
City: Davenport FL Zip Code: 33896

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: David A. Spencer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-11-04

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: SPENCER, DAVID A
STREET ADDRESS: 2733 RAEFORD RD
CITY-ST-ZIP: ORLANDO, FL 32806 ☐ Delete

TITLE: ☒ Change ☐ Addition
NAME: David Spencer
STREET ADDRESS: 6640 Twilight Ct
CITY-ST-ZIP: Davenport, FL 33896

TITLE: V
NAME: SPENCER, DELBERT
STREET ADDRESS: 3214 TOASY DR
CITY-ST-ZIP: ORLANDO, FL 32806 ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
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CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

David A. Spencer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-04

Date

407-832-9654

Daytime Phone #



ATTACHMENT
24075881
Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

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