

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 DEC 13 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000064830

1. Entity Name
SPENCER BROTHERS MISC. CONCRETE INC.



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

Mailing Address
6640 TWILIGHT CT.
DAVENPORT, FL 33896

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12022004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3740473

Applied For

Not Applicable

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
6640 TWILIGHT CT.
DAVENPORT, FL 33896

Name Theresa A. Spencer
Street Address (P.O. Box Number is Not Acceptable)
3214 Toasy Dr.

City Orl.

FL

Zip Code 32806

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 Theresa A. Spencer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME SPENCER, DAVID A
STREET ADDRESS 6640 TWILIGHT CT.
CITY-ST-ZIP DAVENPORT, FL 33896

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Spencer, Delbert P
STREET ADDRESS 3214 Toasy Dr
CITY-ST-ZIP ORL FL 32806

TITLE V ☐ Change ☒ Addition
NAME Theresa A. Spencer
STREET ADDRESS 3214 Toasy Dr
CITY-ST-ZIP ORL FL 32806

TITLE ☐ Change ☐ Addition
NAME 700043372031
STREET ADDRESS 12/13/04--01064--019 **70.00
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Delbert P. Spencer III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-04 321-699-9429
Date Daytime Phone #