

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000077281

1. Entity Name
SPEER MOUNTAIN RETREAT, INC.



Principal Place of Business
6009 STAFFORD RD
PLANT CITY, FL 33565

Mailing Address
6009 STAFFORD RD
PLANT CITY, FL 33565



02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3743747

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

SPEER, TERRY D
5208 CINDY KAY DRIVE
PLANT CITY, FL 33566

**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 Tracee Missildine
Signature, typed or printed name of registered agent and title if applicable

Tracee Missildine
(NOTE: Registered Agent signature required when reinstating)

3/3/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME SPEER, TERRY D
STREET ADDRESS 5208 CINDY KAY DRIVE
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE D
NAME SPEER, KENTON E
STREET ADDRESS 1204 E. TIMBERLANE DR.
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE D
NAME MISSILDINE, TRACEE S
STREET ADDRESS 6009 STAFFORD RD.
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE
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03/10/05-80023-011 150.00

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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: Tracee Missildine 3/3/05 863-559-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #