

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90029 003 \*\*\*150.00

DOCUMENT # P01000083173

1. Entity Name  
SPENCER APARTMENTS, INC.



Principal Place of Business  
3421 S FLAGLER DR  
W PALM BCH, FL 33405

Mailing Address  
3421 S FLAGLER DR  
W PALM BCH, FL 33405

66014000



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1132681

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

EUBANKS, JOHN ESQ.  
625 N FLAGLER DR 9TH FL  
W PALM BCH, FL 33401

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00  
After May 1, 2008 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            | FERGUSON, EDWARD J   |
| STREET ADDRESS  | 3421 S FLAGLER DR    |
| CITY - ST - ZIP | W PALM BCH, FL 33405 |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
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| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-08

561-762-1590

Date

Daytime Phone #