

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90022 030 ***150.00

DOCUMENT # P01000092781

1. Entity Name

SPRADLIN RELOCATION, INC.



Principal Place of Business

**4000 N ORANGE BLOSSOM TRAIL
SUITE J
ORLANDO FL 32804**

Mailing Address

**4000 N ORANGE BLOSSOM TRAIL
SUITE J
ORLANDO FL 32804**

34014061

2. Principal Place of Business

4000 N. Orange Blossom Trail

3. Mailing Address

4000 N. Orange Blossom Trail

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

Orlando, FL

City & State

Orlando FL

Zip

32804

Country

Orange

Zip

32804

Country

Orange



MOORE

CR2E034 (11/03)

4. FEI Number

59-3746209

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

**SPRADLIN, ROBERT T
16740 ROCKWELL HEIGHTS LANE
CLERMONT FL 34711**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Robert T. Spradlin

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

(NOTE: Registered Agent signature required when reinstating)

2/24/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SPRADLIN, ROBERT T	
STREET ADDRESS	16740 ROCKWELL HEIGHTS LANE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPRADLIN, ROBIN S	
STREET ADDRESS	16740 ROCKWELL HEIGHTS LN	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Robert T. Spradlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04

Date

407-532-3633

Daytime Phone #