

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000035955

1. Entity Name
SPILLCOP, INC.



Principal Place of Business
**13400 SUTTON PARK DR S, STE 1501
JACKSONVILLE, FL 32224**

Mailing Address
**13400 SUTTON PARK DR S, STE 1501
JACKSONVILLE, FL 32224**



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0671963

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BALKE, BERNARD
13400 SUTTON PARK DR S, STE 1501
JACKSONVILLE, FL 32224**

**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 title 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	CP
NAME	MARSH, GARY
STREET ADDRESS	13400 SUTTON PARK DR S, STE 1501
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	CEO
NAME	LONGHI, LARRY
STREET ADDRESS	13400 SUTTON PARK DR S, STE 1501
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	COO
NAME	BALKE, BEN
STREET ADDRESS	13400 SUTTON PARK DR S, STE 1501
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	TCFO
NAME	WHITE, DON
STREET ADDRESS	13400 SUTTON PARK DR S, STE 1501
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	COLEMAN, KYNERD
STREET ADDRESS	13400 SUTTON PARK DRIVE S STE 1501
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	BALKE, STEVE
STREET ADDRESS	13400 SUTTON PARK DRIVE S STE 1501
CITY-ST-ZIP	JACKSONVILLE, FL 32224

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06/02/08-80005-012 150.00

**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

Date

Daytime Phone #

4/18/08

904-493-2169