

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P02000122860

1. Entity Name
FLEET, SPENCER & KILPATRICK, P.A.



Principal Place of Business
35008 EMERALD COAST PKWY
SUITE 203
DESTIN, FL 32541

Mailing Address
35008 EMERALD COAST PKWY
SUITE 203
DESTIN, FL 32541



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3726505

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KILPATRICK, WILLIAM G JR
35008 EMERALD COAST PARKWAY
SUITE 203
DESTIN, FL 32541

**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, 2007 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 FLEET, H. BART
STREET ADDRESS 35008 EMERALD COAST PKWY, STE 203
CITY-ST-ZIP DESTIN, FL 32541

TITLE D
NAME SPENCER, LISA JO
STREET ADDRESS 35008 EMERALD COAST PKWY, STE 203
CITY-ST-ZIP DESTIN, FL 32541

TITLE D
NAME KILPATRICK, WILLIAM G JR
STREET ADDRESS 35008 EMERALD COAST PARKWAY SUITE 202
CITY-ST-ZIP DESTIN, FL 32541

TITLE D
NAME PHILLIPS, DEBORAH
STREET ADDRESS 35008 EMERALD COAST PKWY, STE 203
CITY-ST-ZIP DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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04/24/07-80141-013 150.00

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

Lisa Jo Spencer

4/13/07

850-651-4006

Date

Daytime Phone #