

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90041 007 \*\*\*150.00

|                                                     |  |                                                                                   |
|-----------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000122860</b>                      |  |  |
| 1. Entity Name<br>FLEET, SPENCER & KILPATRICK, P.A. |  |                                                                                   |

|                                                                                          |                                                                              |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business<br>35008 EMERALD COAST PKWY<br>SUITE 203<br>DESTIN, FL 32541 | Mailing Address<br>35008 EMERALD COAST PKWY<br>SUITE 203<br>DESTIN, FL 32541 |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|

**40067620**

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|-----------------------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br>2000 98 Palms Blvd. | 3. Mailing Address<br>2000 98 Palms Blvd. |
| Suite, Apt. #, etc.<br>Suite 110                                      | Suite, Apt. #, etc.<br>Suite 110          |

|                            |                            |
|----------------------------|----------------------------|
| City & State<br>Destin, FL | City & State<br>Destin, FL |
| Zip<br>32541               | Country<br>Okaloosa        |

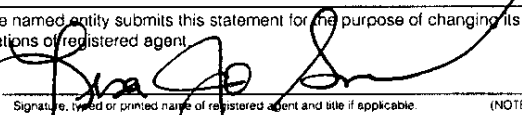


01302008 Chg-P CR2E034 (12/06)

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| 4. FEI Number<br>04-3726505 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

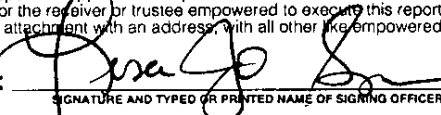
|                                                           |                                |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                                             |                                                                                                                                                                                      |
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| 6. Name and Address of Current Registered Agent<br>KILPATRICK, WILLIAM G JR<br>35008 EMERALD COAST PARKWAY<br>SUITE 203<br>DESTIN, FL 32541 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>2000 98 Palms Blvd.<br>Suite 110<br>City<br>Destin FL Zip Code<br>32541 |
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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 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                                                                                                                                   | DATE |

|                                                                       |                                                                                                                 |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                    |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FLEET, H. BART<br>35008 EMERALD COAST PKWY, STE 203<br>DESTIN, FL 32541 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2000 98 Palms Blvd., Suite 110<br>Destin, FL 32541 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SPENCER, LISA JO<br>35008 EMERALD COAST PKWY, STE 203<br>DESTIN, FL 32541 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2000 98 Palms Blvd, Suite 110<br>Destin, FL 32541  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KILPATRICK, WILLIAM G JR<br>35008 EMERALD COAST PARKWAY SUITE 202<br>DESTIN, FL 32541 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2000 98 Palms Blvd., Suite 110<br>Destin, FL 32541 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PHILLIPS, DEBORAH<br>35008 EMERALD COAST PKWY, STE 203<br>DESTIN, FL 32541 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2000 98 Palms Blvd., Suite 110<br>Destin, FL 32541 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Lester, Martin W.<br>2000 98 Palms Blvd., Ste 110<br>Destin, FL 32541 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |
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| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4-10-08 850-651-4006<br>Date Daytime Phone # |