
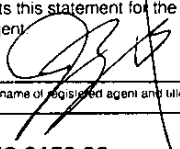
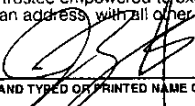


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90220 024 ***150.00

DOCUMENT # P03000123019 1. Entity Name S.P.M. SERVICES, INC.					
Principal Place of Business 5200 NEWBERRY ROAD GAINESVILLE, FL 32607		Mailing Address 5200 NEWBERRY ROAD GAINESVILLE, FL 32607			
2. Principal Place of Business 3870 NW 83rd Street		3. Mailing Address 3870 NW 83rd Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Gainesville, Florida		City & State Gainesville, Florida		4. FEI Number 55-0850937	
Zip 32606		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARRISH, JAMES M JR. 5200 NEWBERRY ROAD GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent Name Parrish, James M., Jr. Street Address (P.O. Box Number is Not Acceptable) 3870 NW 83rd Street City Gainesville FL Zip Code 32606			
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  James M. Parrish, Jr. DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete PARRISH, JAMES M JR 5200 NEWBERRY ROAD GAINESVILLE, FL 32607		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Parrish, James M., Jr. 3870 NW 83rd Street Gainesville, FL 32606	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Parrish, Susan D. 3870 NW 83rd Street Gainesville, FL 32606	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 in an attachment with an address with all other like empowered.					
SIGNATURE:  James M. Parrish, Jr., VP 352-372-3663 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					