

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000143180

1. Entity Name
SPAULDING ENTERPRISES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 10 AM 11:42

Principal Place of Business
1716 NOBLE STREET
LECANTO, FL 34461

Mailing Address
1716 NOBLE STREET
LECANTO, FL 34461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06022004

Chg-P

CR2E034 (10/03)

4. FEI Number

☒ 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

SPAULDING, ROBERT
1716 NOBLE STREET
LECANTO, FL 34461

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPAULDING, ROBERT
1716 NOBLE STREET
LECANTO, FL 34461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500037992805
06/16/04--01005--012 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPAULDING, JENNIFER
1716 NOBLE STREET
LECANTO, FL 34461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Spaulding

6/4/04

352-302-9006

Daytime Phone #

6/11/04