

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-14-2008 90029 028 ***150.00

DOCUMENT # P03000143180

1. Entity Name
SPAULDING ENTERPRISES, INC.



Principal Place of Business
P.O. BOX 2691
INVERNESS, FL 34451

Mailing Address
P.O. BOX 2691
INVERNESS, FL 34451



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2414885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPAULDING, ROBERT
1716 NOBLE STREET
LECANTO, FL 34461

**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]

(NOTE: Registered Agent signature required when reinstating)

DATE

3-13-08

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

**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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-08

Date

352-302-9006

Daytime Phone #

ATTACHMENT

40067047
#P03000143180

PLEASE MAKE
NOTE

NEW PHYSICAL ADDRESS -

3318 S. ROYAL OAKS DR.
INVERNESS, FL 34452

NEW MAILING ADDRESS

P.O. BOX 2691
INVERNESS, FL 34451