

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000150107**

1. Entity Name  
S/PEB, INC.



Principal Place of Business  
300 S.E. 2ND STREET  
FT. LAUDERDALE, FL 33301

Mailing Address  
300 S.E. 2ND STREET  
FT. LAUDERDALE, FL 33301



01052006 No Chg-P CR2ED34 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0493249

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JONES, PATRICIA  
300 S.E. 2ND STREET  
FT. LAUDERDALE, FL 33301

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	STINE, JAMES W
STREET ADDRESS	300 S.E. 2ND STREET
CITY-STATE-ZIP	FT. LAUDERDALE, FL 33301
TITLE	AS
NAME	FLOREK, DONNA
STREET ADDRESS	300SE 2ND ST
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33306
TITLE	DP
NAME	STILES, TERRY W
STREET ADDRESS	300 SE 2ND ST
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33301
TITLE	VPT
NAME	EAGON, DOUGLAS W
STREET ADDRESS	300 SE 2ND ST
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33301
TITLE	VPS
NAME	JONES, PATRICIA
STREET ADDRESS	300 SE 2ND ST
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33301
TITLE	VP
NAME	FERRERA, ROCCO
STREET ADDRESS	300 SE 2ND ST
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33301

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04/27/06-80039-010 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Terry J. Stiles, 3/10/06 954-627-9300