

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000015606

1. Entity Name

ERNEST C. SPELLS PLUMBING CONTRACTOR, INC.



Principal Place of Business

**401 MAGNOLIA ST.
PALATKA FL 32177**

Mailing Address

**401 MAGNOLIA ST.
PALATKA FL 32177**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FBI Number

20-0647103

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

**SPELLS, ERNEST C
401 MAGNOLIA ST.
PALATKA FL 32177**

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 fee, if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State.

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	PT	☐ Delete
NAME	SPELLS, ERNEST C	
STREET ADDRESS	401 MAGNOLIA ST.	
CITY-STATE-ZIP	PALATKA FL 32177	
TITLE		☐ Delete
NAME		
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CITY-STATE-ZIP		

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05/21/08-80023-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ernest C Spells*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08 386 325-3577
Date Date of Filing