

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90050 026 \*\*\*150.00

**DOCUMENT # P04000054444**

1. Entity Name

CRAIG D. SPENCER D.M.D. P.A.



Principal Place of Business

625 S.E. 2ND. AVE.  
SUITE D.  
BOYNTON BEACH FL 33435  
US

Mailing Address

625 S.E. 2ND. AVE.  
SUITE D.  
BOYNTON BEACH FL 33435  
US

2. Principal Place of Business

721 US Hwy 1

Suite, Apt. #, etc.

#106

City & State

North Palm Beach, FL

Zip

33408

Country

USA

3. Mailing Address

721 US Hwy 1

Suite, Apt. #, etc.

#106

City & State

North Palm Beach, FL

Zip

33408

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

35-222-8093

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPENCER, HOWARD R  
4812 S. LAKE DR.  
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name

Craig D. Spencer

Street Address (P.O. Box Number is Not Acceptable)

721 U.S. Hwy 1 #106

City

NORTH PALM BEACH

FL

Zip Code

33408

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

2/28/05

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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

TITLE P ☐ Delete  
NAME SPENCER, CRAIG D  
STREET ADDRESS 625 S.E. 2ND AVE. SUITE D.  
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE owner ☒ Change ☐ Addition  
NAME Spencer, Craig D.  
STREET ADDRESS 721 US Hwy 1, #106  
CITY-ST-ZIP North Palm Beach, FL 33408

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

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

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

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

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

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

2/28/05

Date

861-494-2897

Daytime Phone #