


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90027 014 ***150.00

DOCUMENT # P04000059035 1. Entity Name HETTIE SPOONER & COMPANY			
Principal Place of Business 4832 KERRY FOREST PKWY. TALLAHASSEE, FL 32309		Mailing Address 4832 KERRY FOREST PKWY. TALLAHASSEE, FL 32309	
2. Principal Place of Business 1535 Killearn Center Blvd		3. Mailing Address 1535 Killearn Center Blvd	
Suite, Apt. #, etc. C-3		Suite, Apt. #, etc. C-3	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32309	Country USA	Zip 32309	Country USA
6. Name and Address of Current Registered Agent GILLINGS, JENNIFER 2943 GLEN IVES DR. TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name Jennifer Spooner Street Address (P.O. Box Number is Not Acceptable) 2943 Glen Ives Dr. City Tallahassee FL Zip Code 32312	
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 <u><i>Jennifer Spooner</i></u> DATE <u>3/14/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD SPOONER, HETTIE <input type="checkbox"/> Delete 7306 HOLLIS ST. TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Spooner, Hettie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2444 Shalley Dr Tallahassee, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Hettie Spooner</i></u>		Date <u>3/14/05</u> Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			