

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90200 021 \*\*\*150.00

20062724



06282005 Chg-P CR2E034 (10/03)

|   |                     |  |  |  |  |
|---|---------------------|--|--|--|--|
| DOCUMENT # P04000097031   |                     |  |  |   |  |
| 1. Entity Name<br>G. SPITLER, INC.  |                     |  |  |  |  |
| Principal Place of Business<br>622 W. 15TH STREET<br>PANAMA CITY, FL 32401  |                     |  | Mailing Address<br>622 W. 15TH STREET<br>PANAMA CITY, FL 32401 |  |  |
| 2. Principal Place of Business  |                     |  | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.   |                     |  | Suite, Apt. #, etc.  |  |  |
| City & State  |                     |  | City & State   |  |  |
| Zip   | Country             | Zip  | Country  | 4. FEI Number<br>201303152   |  |
|   |                     |  |  | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                     |  |  | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>HOCTOR, JAMES J<br>215 NORTH EOLA DRIVE<br>ORLANDO, FL 32801   |                     |  |  | 7. Name and Address of New Registered Agent<br>Name: FAYE MCKIMMY<br>Street Address (P.O. Box Number is Not Acceptable): 622 W. 15TH ST.<br>City: PANAMA CITY FL Zip Code: 32401 |  |
| 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: FAYE MCKIMMY   |                     | FAYE MCKIMMY   |  | DATE: 7-6-05   |  |
| Signature, typed or printed name of registered agent and fee if applicable.   |                     | (NOTE: Registered Agent signature required when re-registering)                              |  |  |  |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 7, 2005   |                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>          |  | \$5.00 May Be Added to Fees  |  |
|   |                     | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |  |  |
| 10. OFFICERS AND DIRECTORS  |                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11          |  |  |
| TITLE   | D                   | <input type="checkbox"/> Delete  | TITLE  | SEC-TREAS  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | SPITLER, GERALD G   |  | NAME   | FAYE MCKIMMY   |  |
| STREET ADDRESS  | 8240 W. GRAND RIVER |  | STREET ADDRESS   | 622 W. 15TH ST   |  |
| CITY - ST - ZIP   | BRIGHTON, MI 48114  |  | CITY - ST - ZIP  | PANAMA CITY FL 32401   |  |
| TITLE   |                     | <input type="checkbox"/> Delete  | TITLE  | VICE PRESIDENT   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  |                     |  | NAME   | PERRY MCKIMMY  |  |
| STREET ADDRESS  |                     |  | STREET ADDRESS   | 622 W. 15TH ST   |  |
| CITY - ST - ZIP   |                     |  | CITY - ST - ZIP  | PANAMA CITY FL 32401   |  |
| TITLE   |                     | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                     |  | NAME   |  |  |
| STREET ADDRESS  |                     |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   |                     |  | CITY - ST - ZIP  |  |  |
| TITLE   |                     | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                     |  | NAME   |  |  |
| STREET ADDRESS  |                     |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   |                     |  | CITY - ST - ZIP  |  |  |
| TITLE   |                     | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                     |  | NAME   |  |  |
| STREET ADDRESS  |                     |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   |                     |  | 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]  |                     |  | 7-7-05   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                     |  | Date   |  |  |
|   |                     |  | Daytime Phone #  |  |  |