

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90031 047 ***150.00

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1. Entity Name

SPRUCE CREEK SPECIALTIES, INC.



Principal Place of Business

1927 SOUTHCREEK BLVD.
PORT ORANGE FL 32128
US

Mailing Address

1927 SOUTHCREEK BLVD.
PORT ORANGE FL 32128
US



2. Principal Place of Business

5836 SPRUCE CREEK WOODS DR

3. Mailing Address

5836 SPRUCE CREEK WOODS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

PORT ORANGE FL

City & State

PORT ORANGE FL

4. FEI Number

20-233354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERDINAND & SULLIVAN, P.A.
100 W. CYPRESS CREEK ROAD, #910
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

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 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

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
NAME KLEZMER, ROBERT
STREET ADDRESS 1927 SOUTHCREEK BLVD.
CITY-ST-ZIP PORT ORANGE FL 32128 ☒ Delete

TITLE VP
NAME William Keeler
STREET ADDRESS 5836 SPRUCE CREEK WOODS DR
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

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 P
NAME KLEZMER ROBERT
STREET ADDRESS 5836 SPRUCE CREEK WOODS DR
CITY-ST-ZIP PORT ORANGE FL 32127 ☒ Change ☐ Addition

TITLE VP
NAME William Keeler
STREET ADDRESS 5836 SPRUCE CREEK WOODS DR
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
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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 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:

William Keeler

William Keeler

1-18-06 386-334-9636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #