## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2008 8:00 am Secretary of State

4/21/08

813. 625-3926 Daytime Phone #

| DOCUMENT # P05000046645  1. Entity Name SPENCE BECK, P.A.  |   |  |   |   |  | 04-28-2008             | 3 90369 011 ***1           | 50.00       |  |
|--|---|--|---|---|--|------------------------|----------------------------|-------------|--|
| Principal Place of Business Mailing Address  |   |  |   |   |  |                        |                            |             |  |
| 301 W PLATT STREET SUITE 334<br>TAMPA, FL 33606  |   | 301 W PLATT STREET SUITE 33<br>TAMPA, FL 33606 |   | 34  | •  | · ·                    |                            |             |  |
|  |   | 1  |   |   |  |                        |                            |             |  |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Addres 335 S BISCAYNE BLVD 335 S B   |   |  | AVNE  | BLVD  |  |                        |                            |             |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                            |   |   | 0406200  | 8 Chg-P                | CR2E034 (12/06)            |             |  |
| 2608<br>City & State   |   | 2608<br>City & State                           |   | 4. FEI Nur  |  |                        | pplied For                 |             |  |
| MIAMI  |   | MTAMI, FL                                      |   | II  | 25373  | <b>}—</b> —            | ot Applicable              |             |  |
| Zíp  |   |  | Coun  | itry  | 5. Certificate of Status Desired \$8.75 Additional |                        |                            |             |  |
| _33131   | 33131 33131 33131 6. Name and Address of Current Registered Agent |  |   | 1   |  |                        | Fee Require                | ed          |  |
|  | 6. Name and Address of Current                                    | Name   | 7. Name and Address of New Registered Agent |   |  |                        |                            |             |  |
| BECK, SP   |   |  |   |   |  |                        |                            |             |  |
| 301 W PLATT STREET SUITE 334   |   |  |   | Street Address (P.O. Box Number is Not Acceptable)  335 S BISCAYNE BLVD |  |                        |                            |             |  |
| TAMPA, FL 33606  |   |  |   |   |  | 1412 DD 4 D            |                            |             |  |
|  |   |  |   | SUITE 2608 City E Zip Code  |  |                        |                            |             |  |
|  |   |  |   | <u>LMIAMI</u>   | MIAMT  |                        |                            |             |  |
| 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. If am familiar with, and accept the obligations of registered agent.   |   |  |   |   |  |                        |                            |             |  |
| 11/2.1.2   |   |  |   |   |  |                        |                            |             |  |
| SIGNATURE Signature, typed for printed name of programmers given and bits of applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |   |  |   |   |  |                        |                            |             |  |
| The state of the s |   |  |   |   |  |                        |                            |             |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.  |   |  |   |   |  |                        |                            |             |  |
| 10.  | OFFICERS AND DIRECTORS 11   |  |   |   | ADDITION   | IS/CHANGES TO OFF      | TICERS AND DIRECTOR        | IS IN 11    |  |
| TITLE  | 7000  |  | TITLI<br>NAM                                | 1   |  |                        | 🔀 Change                   | Addition    |  |
| NAME<br>STREET ADDRESS   |   |  |   | -   | 22E C D#   | COLVED DE              | UD GUITME                  | 2600        |  |
| CITY-ST-ZIP  |   |  |   | -SI-ZIP   | MIAMI, F   | SCAYNE BL              | VD, SUITE                  | 2608        |  |
| TITLE  |   | ☐ Delete                                       | TITLE                                       | <del></del>   |  |                        | Change                     | ☐ Addition  |  |
| NAME   | · NA  |  | NAM   | E   |  |                        | _                          |             |  |
| STREET ADDRESS   |   |  |   | ET ADDRESS  |  |                        |                            |             |  |
| CITY-ST-ZIP  |   |  |   | -SI-ZIP   |  |                        | (T) 01                     |             |  |
| NAME   |   | ☐ Delete                                       | TITL!                                       |   |  |                        | Change                     | ☐ Addition  |  |
| STREET ADDRESS   |   |  |   | ET ADDRESS  |  |                        |                            |             |  |
| CITY-ST-ZIP  |   |  | CITY  | ·S1-ZIP   |  |                        |                            |             |  |
| TITLE  |   | ☐ Delete                                       | TOTAL                                       | I .   |  |                        | Change                     | ☐ Addition  |  |
| NAME<br>STREET ADDRESS   |   |  | NAM   | · I   |  |                        |                            |             |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |  |   | ET ADDRESS<br>-ST-ZIP   |  |                        |                            |             |  |
| TITLE  |   | ☐ Delete                                       | TITL  |   |  |                        | Change                     | Addition    |  |
| NAME   |   | _ below  | NAM   | I .   |  |                        |                            |             |  |
| STREET ADDRESS   |   |  |   | ET ADDRESS  |  |                        |                            | Ì           |  |
| CITY-\$T-ZIP   | ļ   |  | -   | -ST-ZIP   |  |                        |                            |             |  |
| TITLE<br>NAME  |   | ☐ Delete                                       | TITL<br>NAM                                 | I .   |  |                        | ☐ Change                   | ☐ Addition  |  |
| STREET ADDRESS   |   |  |   | EET ADDRESS   |  |                        |                            |             |  |
| CITY-ST-ZIP  |   |  |   | -\$T-ZIP  |  |                        |                            |             |  |
| 12. I hereby   | certify that the information supplied with                        | this filing does not qualify for               | or the ex                                   | emptions cont   | tained in Chapter                                  | 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.  |   |  |   |   |  |                        |                            |             |  |

SPENCE T BECK

SIGNATURE: