

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000008174

Entity Name: SPD SOLUTIONS, INC.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2381 CIRCUIT WAY  
BROOKSVILLE, FL 34604 US

**New Principal Place of Business:**

**Current Mailing Address:**

2381 CIRCUIT WAY  
BROOKSVILLE, FL 34604 US

**New Mailing Address:**

FEI Number: 20-4119380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAGAN, PATRICK W  
14646 DEACON COURT  
SPRING HILL, FL 34609 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: FAGAN, PATRICK W  
Address: 14646 DEACON COURT  
City-St-Zip: SPRING HILL, FL 34609 US

Title: P  
Name: FAGAN, DAVID W  
Address: 5065 KEYSVILLE AVE  
City-St-Zip: SPRING HILL, FL 34608 US

Title: TREA  
Name: FAGAN, DONNA M  
Address: 5065 KEYSVILLE AVE  
City-St-Zip: SPRING HILL, FL 34608 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK W. FAGAN

VP

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date