

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000039586

FILED  
Mar 26, 2012  
Secretary of State

**Entity Name:** S & P MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

3600 NW 43RD STREET  
STE E-2  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

3600 NW 43RD STREET  
STE E-2  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 20-4321989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRUCE, SCOTT D  
5219 NW 102ND PLACE  
GAINESVILLE, FL 32653 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: P/D  
Name: D'ALTO, PAUL  
Address: 3600 NW 43RD STREET , STE E-2  
City-St-Zip: GAINESVILLE, FL 32606

Title: VP/D  
Name: BRUCE, SCOTT D  
Address: 3600 NW 43RD STREET, STE E-2  
City-St-Zip: GAINESVILLE, FL 32606

Title: S/T  
Name: BRUCE, SCOTT D  
Address: 3600 NW 43RD STREET, STE E-2  
City-St-Zip: GAINESVILLE, FL 32606

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: SCOTT D. BRUCE

VP

03/26/2012

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

\_\_\_\_\_ Date