

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

04-23-2007 90091 017 ***150.00

DOCUMENT # P06000090691

1. Entity Name
SPAULDING GROUP FINANCIAL SOLUTIONS, INC.



Principal Place of Business
**528 NE 40TH TERRACE
OCALA, FL 34470**

Mailing Address
**528 NE 40TH TERRACE
OCALA, FL 34470**

66014331



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

02-0781864

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPAULDING, TIMOTHY V
528 NE 40TH TERRACE
OCALA, FL 34470**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entry 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 state if applicable

(NOTE: Registered Agent signature required when remaining)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

**D
SPAULDING, TIMOTHY V
528 NE 40TH TERRACE
OCALA, FL 34470**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
☐ Delete

**D
SPAULDING, ROSEANN A
528 NE 40TH TERRACE
OCALA, FL 34470**

TITLE
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CITY - ST - ZIP
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12. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/07 (352) 207-7763

Date

Daytime Phone #

ATTACHMENT

66014951

#PD6000090691

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/
DATE STAMP

EIN 02-0781864 230812

SPAULDING GROUP FINANCIAL SOLUTIONS
% TIMOTHY V SPAULDING
528 NE 40TH TER
OCALA, FL 34470-1446

941	945	1st Quarter
990- C	1120	2nd Quarter
943	990-T	3rd Quarter
720	990- PF	4th Quarter
CT-1	1042	
940	944	72

29 3 Telephone number ()

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 12-2005)