

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90161 036 \*\*\*150.00

DOCUMENT # P06000120227

1. Entity Name

SPICER PATTERN MAKING, INC.



Principal Place of Business

18109 SAILFISH DRIVE  
LUTZ FL 33558

Mailing Address

18109 SAILFISH DRIVE  
LUTZ FL 33558



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

18109 Sailfish Drive

3. Mailing Address

18109 Sailfish Drive

Suite, Apt. #, etc.

Apt. C

Suite, Apt. #, etc.

Apt. C

City & State

Lutz, FL

City & State

Lutz, FL

Zip

33558

Country

USA

Zip

33558

Country

USA

1st MOORE

CR2E034 (10/07)

4. FE# Number

20-5620924

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LANSKY & COURTNEY, P.L.  
137 S. PARSONS AVENUE  
BRANDON FL 33511

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 submitting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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 D ☐ Delete  
NAME SPICER, JAY  
STREET ADDRESS 18109 SAILFISH DRIVE  
CITY-ST-ZIP LUTZ FL 33558

TITLE D ☐ Delete  
NAME SPICER, JANICE  
STREET ADDRESS 18109 SAILFISH DRIVE  
CITY-ST-ZIP LUTZ FL 33558

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 ☐ 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

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:

*Janice E. Spicer* Janice E. Spicer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

813-961-7756

Date

Daytime Phone #