

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000094036

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** SPEER LABORATORIES, INC

**Current Principal Place of Business:**

1611 SW GLACADOR AVE  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

1937 E. ATLANTIC BLVD  
201  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

1611 SW GLACADOR AVE  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

1937 E. ATLANTIC BLVD  
201  
POMPANO BEACH, FL 33060

**FEI Number:** 26-0877609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NICOLO, MATTHEW  
1611 SW GLACADOR AVE  
PORT ST LUCIE, FL 34953 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: PD  
Name: NICOLO, MATTHEW  
Address: 1611  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33064

Title: PD  
Name: NICOLO, MATTHEW  
Address: 1611 SW GLACADOR AVE  
City-St-Zip: PORT ST LUCIE, FL 34953

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: MATTHEW NICOLO

PD

01/05/2012

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

\_\_\_\_\_  
Date