

2008 FOR PROFIT CORPORATION ANNUAL REPORT

03-17-2008 90029 024 ***150.00
P07000107903

DOCUMENT # P07000107903

1. Entity Name
AL SPICER TERRAZZO, MARBLE, TILE, GROUT,
RESTORATION, INSTALLATION, INC.



FILED

08 SEP 12 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11713 HWY 92 EAST
SEFFNER, FL 33584

Mailing Address
11713 HWY 92 EAST
SEFFNER, FL 33584



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082008 Chg-P CR2E034 (12/08)

4. FEI Number

26-1507369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRUZ, ANTHONY
1024 W. HILLSBOROUGH AVE.
TAMPA, FL 33603

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 reappointing)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DPV
SPICER, ALAN
11713 HWY 92 EAST
SEFFNER, FL 33584 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DST
SPICER, JERLYN H.
11713 HWY 92 EAST
SEFFNER, FL 33584 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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CITY- ST- ZIP
☐ Delete

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CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. I hereby certify that the information supplied 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 Title of Officer or Director

3-01-08

Date

Daytime Phone #