

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000101114

FILED  
Mar 08, 2012  
Secretary of State

Entity Name: SP FOUR DEVELOPMENT, INC.

**Current Principal Place of Business:**

1205 W. SWANN AVENUE  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

1205 W. SWANN AVENUE  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 36-4716195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOEHLER, DEBRA F  
1205 W. SWANN AVENUE  
TAMPA, FL 33606 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  
Name: KOEHLER, DEBRA F  
Address: 1205 W. SWANN AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: D  
Name: KOEHLER, DEBRA F  
Address: 1205 W. SWANN AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: T  
Name: KOEHLER, DEBRA F  
Address: 1205 W. SWANN AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: VP  
Name: TURNER, TODD S  
Address: 1205 W. SWANN AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: S  
Name: TURNER, TODD S  
Address: 1205 W. SWANN AVENUE  
City-St-Zip: TAMPA, FL 33606

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: DEBRA F. KOEHLER, PRES OF SP FOUR DEVELOPM

PRES

03/08/2012

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

\_\_\_\_\_  
Date