

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P16108	
1. Entity Name SPM PROPERTIES, INC.	



Principal Place of Business 3760 LIVE OAK RD CAMILLA GA 31730 US	Mailing Address 3760 LIVE OAK RD CAMILLA GA 31730 US
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



MOORE CR2E034 (11/03)

4. FEI Number 58-1699273	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
---	--	---	--

Name		Name	
------	--	------	--

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

City		City	
------	--	------	--

FL		Zip Code	
----	--	----------	--

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			
--	--	--	--

B. 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		DATE	
-----------	--	------	--

Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
--	--	--	--

FILE NOW!!! FEE IS \$150.00		9. Election Campaign Financing	
-----------------------------	--	--------------------------------	--

After May 1, 2004 Fee will be \$550.00		Trust Fund Contribution. <input type="checkbox"/>	
--	--	---	--

Make Check Payable to Florida Department of State		\$5.00 May Be Added to Fees	
---	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
----------------------------	--	---	--

TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------	----	---------------------------------	-------	--	---

NAME	MASSEY, SAMMY K		NAME		
------	-----------------	--	------	--	--

STREET ADDRESS	3760 LIVE OAK RD		STREET ADDRESS		
----------------	------------------	--	----------------	--	--

CITY-ST-ZIP	CAMILLA GA 31730		CITY-ST-ZIP		
-------------	------------------	--	-------------	--	--

TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------	----	---------------------------------	-------	--	---

NAME	STEVENSON, EARL JR		NAME		
------	--------------------	--	------	--	--

STREET ADDRESS	3163 LARAMIE DRIVE		STREET ADDRESS		
----------------	--------------------	--	----------------	--	--

CITY-ST-ZIP	ATLANTA GA		CITY-ST-ZIP		
-------------	------------	--	-------------	--	--

TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------	---	---------------------------------	-------	--	---

NAME	SAPONARO, PATRICA		NAME		
------	-------------------	--	------	--	--

STREET ADDRESS	7 MAC ARTHUR DR		STREET ADDRESS		
----------------	-----------------	--	----------------	--	--

CITY-ST-ZIP	CAMILLA GA 31730		CITY-ST-ZIP		
-------------	------------------	--	-------------	--	--

TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------	--	---------------------------------	-------	--	---

NAME			NAME		
------	--	--	------	--	--

STREET ADDRESS			STREET ADDRESS		
----------------	--	--	----------------	--	--

CITY-ST-ZIP			CITY-ST-ZIP		
-------------	--	--	-------------	--	--

TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------	--	---------------------------------	-------	--	---

NAME			NAME		
------	--	--	------	--	--

STREET ADDRESS			STREET ADDRESS		
----------------	--	--	----------------	--	--

CITY-ST-ZIP			CITY-ST-ZIP		
-------------	--	--	-------------	--	--

TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------	--	---------------------------------	-------	--	---

NAME			NAME		
------	--	--	------	--	--

STREET ADDRESS			STREET ADDRESS		
----------------	--	--	----------------	--	--

CITY-ST-ZIP			CITY-ST-ZIP		
-------------	--	--	-------------	--	--

TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------	--	---------------------------------	-------	--	---

NAME			NAME		
------	--	--	------	--	--

STREET ADDRESS			STREET ADDRESS		
----------------	--	--	----------------	--	--

CITY-ST-ZIP			CITY-ST-ZIP		
-------------	--	--	-------------	--	--

TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------	--	---------------------------------	-------	--	---

NAME			NAME		
------	--	--	------	--	--

STREET ADDRESS			STREET ADDRESS		
----------------	--	--	----------------	--	--

CITY-ST-ZIP			CITY-ST-ZIP		
-------------	--	--	-------------	--	--

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Sammy K Massey</i>					
----------------------------------	--	--	--	--	--

1/29/04 229 336 8770					
----------------------	--	--	--	--	--

Date Daytime Phone #					
----------------------	--	--	--	--	--