

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35985

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** SPITZMILLER, KILGORE, HOBBS & FORD, INC.

**Current Principal Place of Business:**

827 COUNTY RD. 1  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

**Current Mailing Address:**

228 E CENTER  
P.O. BOX A  
SIKESTON, MO 63801 US

**New Mailing Address:**

**FEI Number:** 43-1493227      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KILGORE, MIKELL G.  
4612 ORANGE GROVE WAY  
PALM HARBOR, FL 34624 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DCP ( ) Delete  
Name: KILGORE, MIKELL G  
Address: 4612 ORANGE GROVE WAY  
City-St-Zip: PALM HARBOR, FL 34684 US

Title: DS ( ) Delete  
Name: SPITZMILLER, NORMAN L  
Address: 119 GREENBRIER  
City-St-Zip: SIKESTON, MO 63801 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NORMAN L SPITZMILLER

DS

05/01/2008

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

\_\_\_\_\_  
Date