

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000011330

1. Entity Name
SPD GROUP, INC.



FILED

06 JUL 11 PM 12:55

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
4210 N. FEDERAL HWY.
LIGHTHOUSE POINT, FL 33064 US

Mailing Address
4210 N. FEDERAL HWY.
LIGHTHOUSE POINT, FL 33064 US



07122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0399547

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNN, JAMES R
4210 N. FEDERAL HWY.
LIGHTHOUSE POINT, FL 33064

DO NOT WRITE
IN THIS SPACE

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME DUNN, JAMES R
STREET ADDRESS 4210 N. FEDERAL HWY.
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE D
NAME DUNN, ANN MARIE R
STREET ADDRESS 4210 N. FEDERAL HWY.
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE D
NAME DUNN, SEAN P
STREET ADDRESS 4210 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000077821210
07/21/06--01009--001 **150.00

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IN THIS SPACE

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/06

Date

Daytime Phone # _____



2052

July 12, 2006

Florida Department of State
PO 6327
Tallahassee, FL 32314

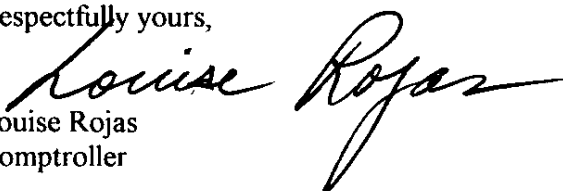
RE: 2006 PROFIT # P93000011330 & NOT-FOR-PROFIT #N96000003221
CORPORATION ANNUAL REPORT

ATTN: Kathy

Enclosed you will find new forms and replacement checks made for the ones that were lost. I have enclosed as you requested, copies of proof that the checks were sent and proof of delivery. I am also requesting that the penalties please be waived due to the situation that the checks got lost after delivery.

Thanking you in advance for you assistance in this matter.

Respectfully yours,


Louise Rojas
Comptroller

Direct Ph # 954-782-7799
fax # 954-782-6733