

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000011330**

1. Entity Name  
SPD GROUP, INC.



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

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



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0399547

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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 \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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	

U00000661663  
03/20/07-80049-022 150.00

**DO NOT WRITE  
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

3/6/07

Date

Daytime Phone #

954-782-5000