


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90217 020 ***550.00

| | |
|---------------------------------------|---|
| DOCUMENT # P97000001769 |  |
| 1. Entity Name SPIVEY MOWERS, INC. | |

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|--|--|
| Principal Place of Business 3645 NORTH 50TH STREET TAMPA, FL 33619 | Mailing Address 3645 NORTH 50TH STREET TAMPA, FL 33619 |
|--|--|

DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

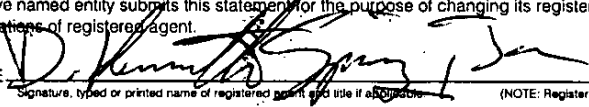
| | |
|--|-------------------------------|
| 4. FEI Number 59-3422340 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

SPIVEY, KENETH JR
3645 NORTH 50TH STREET
TAMPA, FL 33619

**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:  (NOTE: Registered Agent signature required when reinstating) DATE

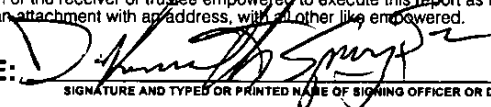
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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SPIVEY, HELEN L 3645 N. 59TH ST. TAMPA, FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BRYAN, DONNA 3645 NORTH 50TH STREET TAMPA, FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP SPIVEY JR, DONALD K 3645 NORTH 50TH STREET TAMPA, FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SPIVEY III, DONALD K 3645 N. 50TH STREET TAMPA, FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP VP MCMATH, LISA A 3645 N. 50 TH STREET TAMPA, FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 or other like empowered.

SIGNATURE:  4/30/08 (813) 626-5005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #