

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000036078

FILED
Apr 29, 2008
Secretary of State

Entity Name: SPIC FINANCIAL CORPORATION

Current Principal Place of Business:

132 N.W. 76TH DRIVE
SUITE A
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

132 N.W. 76TH DRIVE
SUITE A
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-3454493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, ROBERT J
132 NW 76TH DRIVE
SUITE A
GAINESVILLE, FL 32607 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: PARRILLO, WILLIAM J
Address: 40 BAYBROOK LANE
City-St-Zip: OAKBROOK, IL 60521

Title: PD () Delete
Name: BORDEMAN, ROBERT M
Address: 811 WEST HICKORY
City-St-Zip: HINSDALE, IL 60521

Title: VD () Delete
Name: PARRILLO, WILLIAM G
Address: 735 SOUTH ADAMS
City-St-Zip: HINSDALE, IL 60521

Title: T () Delete
Name: KIMMELL, JOSHUA N
Address: 1016 NW 87TH WAY
City-St-Zip: GAINESVILLE, FL 32606

Title: V () Delete
Name: O'BOYLE, ROBERT J
Address: 1437 SW 90TH STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: V () Delete
Name: WILSON, ROBERT J
Address: 5408 SW 131ST LANE
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ROBERT J. WILSON

V

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date