

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000108397**

1. Entity Name  
**SPENCER LEE & COMPANY, INC.**



Principal Place of Business  
**1447 STONE ROAD  
TALLAHASSEE, FL 32303**

Mailing Address  
**1447 STONE ROAD  
TALLAHASSEE, FL 32303**



01292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**86-0459071**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**STOETZEL, RALPH S JR  
1447 STONE ROAD  
TALLAHASSEE, FL 32303**

**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	DP
NAME	STOETZEL, RALPH S JR
STREET ADDRESS	1447 STONE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VST
NAME	STOETZEL, LEAH P
STREET ADDRESS	1447 STONE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	V
NAME	STOETZEL, RALPH SPENCER III
STREET ADDRESS	1447 STONE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	V
NAME	STOETZEL, LEE PIERSON
STREET ADDRESS	1447 STONE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	V
NAME	PIERSON, FRED C
STREET ADDRESS	939 N FREDERIC ST APT #3
CITY-ST-ZIP	BURBANK, CA 91505
TITLE	V
NAME	STOETZEL, RALPH SPENCER IX
STREET ADDRESS	6017 FALLS R
CITY-ST-ZIP	BALTIMORE, MD 21209

000000720129  
05/07/07-80004-023 150.00

**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

Date

Daytime Phone #

4.21.07 850  
386.9266