

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 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
--	--



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/07)
4. FEI Number 86-0459071	Applied For ☐ Not Applicable

6. Name and Address of Current Registered Agent STOETZEL, RALPH S JR 1447 STONE ROAD TALLAHASSEE FL 32303	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.

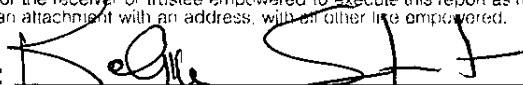
SIGNATURE _____ DATE _____
(Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when submitting.)

FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
---	--

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	U000000877274
STREET ADDRESS	04/14/08-80008-002 150.00
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 line empowered.

SIGNATURE:  **4.1.08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR