

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000104621

1. Entity Name
SPIRES AND ASSOCIATES, P.A.



Principal Place of Business
12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL

Mailing Address
12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL

FILED

05 MAY -2 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0865523

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

SPIRES, JAMES W JR
12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL

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

200054290042
05/11/05--01042--024 **250.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
SPIRES, JAMES W JR
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ROEDDING, DOUGLAS
12734 KENWOOD LANE STE 49
FORT MYERS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

PR 7/5/5

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/20/05 239.936.4336

Date

Daytime Phone #