

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

DOCUMENT # P99000019639

1. Entity Name

SPICCIATO DEVELOPMENT, INC.



Principal Place of Business

624 KINGSTON CT
APOLLO BEACH FL 33572

Mailing Address

P.O. BOX 3496
APOLLO BEACH FL 33572

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

City & State

4. FEI Number
65-0899278

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPEACH, VINCENT J JR.
7541 THUNDERHEAD STREET
WESLEY CHAPEL FL 33544

624 Kingston
Apollo Beach, FL
33572

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

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, 2004 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 D ☐ Delete
NAME SPEACH, EDNA M
STREET ADDRESS 7541 THUNDERHEAD STREET
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE D ☐ Delete
NAME SPEACH, VINCENT J JR.
STREET ADDRESS 7541 THUNDERHEAD STREET
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 624 Kingston Ct
CITY-ST-ZIP Apollo Beach, FL 33572

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 624 Kingston Ct.
CITY-ST-ZIP Apollo Beach, FL 33572

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Edna M. Speech Edna M. Speech

1-22-04

(813)645-3964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #