

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000060996

FILED  
Mar 22, 2012  
Secretary of State

Entity Name: SPOTTSWOOD MANAGEMENT, INC.

**Current Principal Place of Business:**

506 FLEMING STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

506 FLEMING STREET  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 65-0866227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPOTTSWOOD, ROBERT A  
506 FLEMING STREET  
KEY WEST, FL 33040 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SPOTTSWOOD, ROBERT A  
Address: 506 FLEMING STREET  
City-St-Zip: KEY WEST, FL 33040

Title: DVT  
Name: SPOTTSWOOD, WILLIAM B  
Address: 506 FLEMING STREET  
City-St-Zip: KEY WEST, FL 33040

Title: DVS  
Name: SPOTTSWOOD, JOHN M JR.  
Address: 506 FLEMING STREET  
City-St-Zip: KEY WEST, FL 33040

Title: V  
Name: WRIGHT, DOUGLAS B  
Address: 506 FLEMING STREET  
City-St-Zip: KEY WEST, FL 33040

Title: V  
Name: WAITE-MORGAN, CRIS  
Address: 506 FLEMING STREET  
City-St-Zip: KEY WEST, FL 33040

Title: AS  
Name: WEBB, ROBERT J  
Address: 506 FLEMING STREET  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: ROBERT SPOTTSWOOD

DP

03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date