

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90023 022 ***150.00

DOCUMENT # P99000061235

1. Entity Name
SPM MANAGEMENT COMPANY, INC.



Principal Place of Business
**3840 PALM STREET
ST. AUGUSTINE, FL 32084**

Mailing Address
**3840 PALM STREET
ST. AUGUSTINE, FL 32084**

54010979



2. Principal Place of Business

3840 PALM ST.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

02172004

Chg-P

CR2E034 (10/03)

City & State

ST. AUGUSTINE FL

Zip

32084

Country

ST. JOHN

City & State

Zip

Country

4. FEI Number

59-3630973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAGGIACOMO, STEVEN P
3840 PALM STREET
ST. AUGUSTINE, FL 32084**

7. Name and Address of New Registered Agent

Name

NA

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. **RENEW**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MAGGIACOMO, STEVEN P**
STREET ADDRESS **3840 PALM STREET**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
CITY-ST-ZIP

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04

Date

904-829-9466

Daytime Phone #