
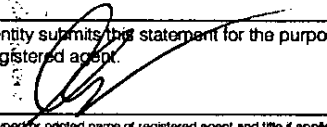



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90124 017 \*\*\*150.00

<b>DOCUMENT # P99000079669</b>			
1. Entity Name <b>SPENCER &amp; ASSOCIATES ARCHITECTURE, INC.</b>			
Principal Place of Business <b>1215 SOUTH MYRTLE AVE. CLEARWATER, FL 33756</b>		Mailing Address <b>1215 SOUTH MYRTLE AVE. CLEARWATER, FL 33756</b>	
2. Principal Place of Business <b>1950 Lake Ave. SE</b>		3. Mailing Address <b>1950 Lake Ave SE</b>	
Suite, Apt., #, etc. <b>Unit B</b>		Suite, Apt., #, etc. <b>Unit B</b>	
City & State <b>Largo, FL</b>		City & State <b>Largo, FL</b>	
Zip <b>33771</b>	Country <b>Pinellas</b>	Zip <b>33771</b>	Country <b>Pinellas</b>
6. Name and Address of Current Registered Agent <b>LARSON, H. WILLIAM ESQ. 11199 69TH ST. NORTH LARGO, FL 33773</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  <b>STEPHEN SPENCER</b> DATE <b>1/17/06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SPENCER, STEPHEN J 1215 SOUTH MYRTLE AVE. CLEARWATER, FL 33756</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT SPENCER, STEPHEN J. 1950 LAKE AVE SE UNIT B LARGO, FL 33771</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

 **STEPHEN SPENCER, PRES.** 1/17/06 727 449 2724