

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000081259

Entity Name: DAVID M. SPELLBERG, INC.

**FILED**  
**Jan 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1132 GOODLETTE ROAD  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1132 GOODLETTE ROAD  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 59-3597347

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPELLBERG, DAVID M M.D.  
1132 GOODLETTE ROAD  
NAPLES, FL 34102 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: P  
Name: SPELLBERG, DAVID M M.D.  
Address: 1132 GOODLETTE ROAD  
City-St-Zip: NAPLES, FL 34102

Title: VP  
Name: SPELLBERG, ELISABETH  
Address: 1132 GOODLETTE RD  
City-St-Zip: NAPLES, FL 34102

Title: S  
Name: SPELLBERG, SEAN  
Address: 1132 GOODLETTE RD  
City-St-Zip: NAPLES, FL 34102

Title: T  
Name: SPELLBERG, JORDYN  
Address: 1132 GOODLETTE RD  
City-St-Zip: NAPLES, FL 34102

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: DAVID SPELLBERG

P

01/30/2011

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

\_\_\_\_\_  
Date