

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90102 028 \*\*\*150.00

**DOCUMENT # P99000096450**

1. Entity Name  
**SPA KINGDOM INC.**



Principal Place of Business  
3050 US HWY 441  
FRUITLAND PARK, FL 34731

Mailing Address  
3050 US HWY 441  
FRUITLAND PARK, FL 34731

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

01132007 Chg-P CR2E034 (12/06)



4. FEI Number  
**59-3607103**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SMITH, LARRY**  
3050 US HWY 441  
FRUITLAND PARK, FL 34731

**7. Name and Address of New Registered Agent**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **SMITH, BETH R**  
STREET ADDRESS **8892 NE 90 ST**  
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

TITLE **V** ☐ Delete  
NAME **SMITH, LARRY J**  
STREET ADDRESS **8892 NE 90 ST**  
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

TITLE **T** ☒ Delete  
NAME **CEDEROTH, REBECCA R**  
STREET ADDRESS **6213 SOUTHEAST 120TH PLACE**  
CITY-ST-ZIP **BELLEVIEW, FL 34420**

TITLE **S** ☒ Delete  
NAME **SMITH, MATTHEW J**  
STREET ADDRESS **10420 SOUTHEAST 157 LANE**  
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

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 **S + P** ☒ Change ☒ Addition  
NAME **SMITH, BETH R**  
STREET ADDRESS **8892 NE 90 ST**  
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

TITLE **T + V** ☒ Change ☒ Addition  
NAME **SMITH, LARRY J**  
STREET ADDRESS **8892 NE 90 ST**  
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

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

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

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

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 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.

**SIGNATURE:** Beth Smith **BETH SMITH** 1-15-07 (352) 728-0772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #