2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000099497

Entity Name: SPENCERS PLANTATION OF ORANGE PARK, INC.

FILED Apr 30, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

4729 US HIGHWAY 17 414 OLD HARD ROAD SUITE 204 SUITE 201

ORANGE PARK, FL 32003 ORANGE PARK, FL 320033408 US

Current Mailing Address: New Mailing Address:

4729 US HIGHWAY 17 414 OLD HARD ROAD

SUITE 204 SUITE 201

ORANGE PARK, FL 32003 ORANGE PARK, FL 320033408

FEI Number: 59-3608916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FORD, JETER, BOWLUS & DUSS, P.A. 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257 US

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:

City-St-Zip:

Electronic Signature of Registered Agent Date

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

ORANGE PARK, FL 32003

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

ORANGE PARK, FL 320033408

 $\label{eq:definition} \mbox{Title:} \qquad \mbox{D/P} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{D/P} \qquad \mbox{(X) Change () Addition}$

Name: HOWELL, WILLIAM R II
Address: 4729 U.S. HIGHWAY 17, SUITE 204

Name: HOWELL, WILLIAM R II
Address: 414 OLD HARD ROAD, SUITE 201

City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ORANGE PARK, FL 320033408

Title: V/S () Delete Title: V/S (X) Change () Addition Name: SPENCER, SANDRA S V.P. Name: SPENCER, SANDRA S V.P.

Address: 4729 U.S. HIGHWAY 17, SUITE 204 Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: ORANGE PARK, FL 320033408

Title: T () Delete Title: T (X) Change () Addition
Name: EDWARDS, JR., MABRY - C.F.O.
Address: 4729 U.S. HIGHWAY 17, SUITE 204

Title: T (X) Change () Addition
Name: EDWARDS, JR., MABRY - C.F.O.
Address: 414 OLD HARD ROAD, SUITE 201

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BY: MABRY EDWARDS, ITS TREASURER T 04/30/2005