

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # S40101

1. Entity Name  
JAMES F. SPINDLER, JR., P.A.



Principal Place of Business  
3858 NORTH CITRUS AVENUE  
CRYSTAL RIVER, FL 34428

Mailing Address  
3858 NORTH CITRUS AVENUE  
CRYSTAL RIVER, FL 34428

**FILED**  
**Mar 16, 2004 08:00 AM**  
**Secretary of State**



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3058728

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SPINDLER, JAMES F JR.  
3858 NORTH CITRUS AVENUE  
CRYSTAL RIVER, FL 34428

**DO NOT WRITE  
IN THIS SPACE**

3. 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

3/15/04

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

1000000190004

03/16/04-80013-008 158.75

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSDT  
SPINDLER, JAMES F JR.  
3858 NORTH CIRTUS AVE.  
CRYSTAL RIVER, FL 34428

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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

3/15/04

Date

332-745-4468

Daytime Phone #