

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S52996

FILED  
Mar 09, 2005  
Secretary of State

**Entity Name:** SPOHRER, WILNER, MAXWELL & MATTHEWS, P.A.

**Current Principal Place of Business:**

701 WEST ADAMS STREET  
SUITE 2  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

701 WEST ADAMS STREET  
SUITE 2  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 59-3066297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILNER, NORWOOD S.  
701 WEST ADAMS STREET  
JACKSONVILLE, FL 32204 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: WILNER, NORWOOD S.,  
Address: 701 WEST ADAMS STREET SUITE 2  
City-St-Zip: JACKSONVILLE, FL 32204

Title: PD ( ) Delete  
Name: SPOHRER, ROBERT F.,  
Address: 701 WEST ADAMS ST SUITE 2  
City-St-Zip: JACKSONVILLE, FL 32204

Title: TS ( ) Delete  
Name: MAXWELL, GREGORY H.  
Address: 701 WEST ADAMS ST SUITE 2  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NORWOOD S. WILNER

VD

03/09/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date