


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # S79823 1. Entity Name G.L. SPIES COMPANY, INC. |  |
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Principal Place of Business
5311 W. CRENSHAW ST.
TAMPA, FL 33634-2406 US

Mailing Address
5311 W. CRENSHAW STREET
TAMPA, FL 33634-2406 US



03102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3083949 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

SPIES, RICHARD
12906 BRUSHY PINE PLACE
TAMPA, FL 33624

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IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SPIES, RICHARD 12906 BRUSHY PINE PLACE TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SPIES, KATHLEEN C. 4681 1ST ST. NE., APT. 403 ST. PETERSBURG, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SPIES, GERALD L. 4681 1ST ST. N.E., APT. 403 ST. PETERSBURG, FL |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

KATHLEEN C. SPIES, TREASURER

SIGNATURE: *Kathleen C. Spies Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 2005 (813) 249-9511

Date

Daytime Phone #