


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # S79823	
1. Entity Name G.L. SPIES COMPANY, INC.	

Principal Place of Business 5311 W. CRENSHAW ST. TAMPA, FL 33634-2406 US	Mailing Address 5311 W. CRENSHAW STREET TAMPA, FL 33634-2406 US
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02132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3083949	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIES, RICHARD
12906 BRUSHY PINE PLACE
TAMPA, FL 33624

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000639397
02/28/07-80024-015 150.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: KATHLEEN C. SPIES, TREASURER
Kathleen C. Spies, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. - 16, 2007 (813) 249-9511
Date Daytime Phone #