


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90121 017 ***150.00

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
		07082008 Chg-P CR2E034 (12/06)	
		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		7. Name and Address of New Registered Agent	
SPIES, RICHARD 12906 BRUSHY PINE PLACE TAMPA, FL 33624		Name SPIES, RICHARD Street Address (P.O. Box Number is Not Acceptable) 6201 Lynn Rd. City TAMPA FL Zip Code 33625	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPIES, RICHARD 12906 BRUSHY PINE PLACE TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICHARD SPIES 6201 LYNN RD. TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SPIES, KATHLEEN C. <input checked="" type="checkbox"/> Delete 4681 1ST ST. NE., APT. 403 ST. PETERSBURG, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIES, GERALD L. <input type="checkbox"/> Delete 4681 1ST ST. N.E., APT. 403 ST. PETERSBURG, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GERALD L. SPIES ADDRESS UNCHANGED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		RICHARD SPIES 8-8-08 813-249-9511	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	