

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000039586

**Entity Name:** S & P MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

3600 NW 43RD STREET  
STE E-4  
GAINESVILLE, FL 32606

**Current Mailing Address:**

3600 NW 43RD STREET  
STE E-4  
GAINESVILLE, FL 32606 US

**FEI Number:** 20-4521989

**Certificate of Status Desired:** No

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

BRUCE, SCOTT D  
3600 NW 43RD STREET E4  
GAINESVILLE, FL 32606 US

*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

**Officer/Director Detail :**

|                 |                              |                 |                              |
|-----------------|------------------------------|-----------------|------------------------------|
| Title           | P/D                          | Title           | S/T                          |
| Name            | BRUCE, SCOTT D               | Name            | BRUCE, SCOTT D               |
| Address         | 3600 NW 43RD STREET, STE E-4 | Address         | 3600 NW 43RD STREET, STE E-4 |
| City-State-Zip: | GAINESVILLE FL 32606         | City-State-Zip: | GAINESVILLE FL 32606         |

*I hereby 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 all other like empowered.*

**SIGNATURE:** SCOTT D. BRUCE

**PRESIDENT**

**04/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date