

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000027051

**Entity Name:** S.P.M. CAPITAL MANAGEMENT, INC.

**Current Principal Place of Business:**

7102 S.E. MOURNING DOVE WAY  
HOBE SOUND, FL 33455

**Current Mailing Address:**

7102 S.E. MOURNING DOVE WAY  
HOBE SOUND, FL 33455 US

**FEI Number:** 87-0905653

**Certificate of Status Desired:** No

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

SOPKO, JAMES  
411 SE OSCEOLA ST.  
SUITE 200  
STUART, FL 34994 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  
Name CELESTINO, MICHELE M  
Address 1310 RIDGE ROAD  
City-State-Zip: LAUREL HOLLOW NY 11791

Title S/D  
Name GENGRAS, ROBYN M  
Address 70 TERRY ROAD  
City-State-Zip: HARTFORD CT 06105

Title D  
Name MUNN, KATHRYN A  
Address 7102 S.E. MOURNING DOVE WAY  
City-State-Zip: HOBE SOUND FL 33455

*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:** MICHELE M CELESTINO

**DIRECTOR**

**02/16/2023**

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

\_\_\_\_\_  
Date