

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000001101

1. Entity Name
SPIESS ENTERPRISES, INC.



Principal Place of Business
109 SHOMATE DRIVE
LONGWOOD, FL 32750

Mailing Address
109 SHOMATE DRIVE
LONGWOOD, FL 32750



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3686425

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIESS, DEBORAH A
109 SHOMATE DRIVE
LONGWOOD, FL 32750

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SPIESS, DEBORAH A
STREET ADDRESS 109 SHOMATE DRIVE
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE VD
NAME SPIESS, PAUL E
STREET ADDRESS 109 SHOMATE DRIVE
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

1100000510145
04/28/06-80072-017 150.00

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:

Deborah A. Spiess
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06
Date

407-461-9306
Daytime Phone #