


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2006 08
Secretary of S

DOCUMENT # F57384

1. Entity Name
SPUR INVESTMENTS, INC.



Principal Place of Business
1063 HWY 92 W.
AUBURNDALE, FL 33823 US

Mailing Address
P.O. BOX 117
LAKELAND, FL 33802



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2160778

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, E. SNOW JR.
200 LAKE MORTON DRIVE
LAKELAND, FL 33801

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable 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

U00000558432
05/17/06-80092-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINN, PATRICK D THE NIGHTINGALE(40 NIGHTINGALE LANE) HORNSEY LONDON N8 7QU,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUTCHINSON, ROBERT J 28 LEYBURN RD LONDON, EN n182 be
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: PATRICK D QUINN 0044-
208-340776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #