


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90214 038 \*\*\*150.00

**DOCUMENT # H97517**  
 1. Entity Name  
**SPIVAK ENTERPRISES, INC.**



Principal Place of Business 3740 SAN JOSE PLACE JACKSONVILLE, FL 32257-5443 US	Mailing Address 3740 SAN JOSE PL JACKSONVILLE, FL 32257-5443 US
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**DO NOT WRITE IN THIS SPACE**

40067827



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2605433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 SPIVAK, MARK  
 4487 SUMMER HAVEN BLVD S  
 JACKSONVILLE, FL 32258

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D SPIVAK, MARK 4487 SUMMER HAVEN BLVD. S. JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPIVAK, ALISA 4487 SUMMER HAVEN BLVD. S. JACKSONVILLE, FL 32258
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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: Mark Spivak 4/25/06 (904)268-3523  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #