


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000008080	
1. Entity Name SPENCOR ENTERPRISES, INC.	

Principal Place of Business 1738-6 EL PRADO ROAD JACKSONVILLE, FL 32216	Mailing Address 1738-6 EL PRADO ROAD JACKSONVILLE, FL 32216
---	---

DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3619180	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MORGAN, ROBERT M
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257**

**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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000534742 05/08/06-80024-007 150.00
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, CARLOS B 1738-6 EL PRADO ROAD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, LORENZO M 1738-6 EL PRADO ROAD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos B. Spencer 4/21/06 (904) 568-0319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Carlos B. Spencer