2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000000205

1. Entity Name



TONI B. SPRINGER, CPA, PA

Principal Place of Business

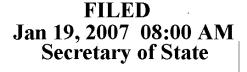
801 DOUGLAS AVENUE SUITE 206

ALTAMONTE SPRINGS, FL 32714

Mailing Address

801 DOUGLAS AVENUE SUITE 206

ALTAMONTE SPRINGS, FL 32714





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6. Name and Address of Current Registered Agent

SPRINGER, TONI B 113 POINT VIEW LANE LONGWOOD, FL 32779 01042007 No Chg-P

·P CR2E034 (11/05)

4. FEI Number 90-0005850

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or b	oth, in the State of Florid	a. I am familiar with, a	nd accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	fapplicable (NOTE Registered	d Agent signeture	required when reinstating)		DATE	
	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS		SPECTORER SHOP	A COMPANY TO THE STREET	Territoria de la compansión de la compan	7.1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPRINGER, TONI B 113 POINT VIEW LANE LONGWOOD, FL 32779					92076	i nilini
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPRINGER, JOSEPH R 113 POINT VIEW LANE LONGWOOD, FL 32779				01/19/07-8	0047-023 150	.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPA	ACE	daul
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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 processor.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

1/16/2007 407-869-0017