

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90041 021 ***150.00

DOCUMENT # P03000087218
 1. Entity Name
SURUFKA ENTERPRISES, INC.



Principal Place of Business: **7265 FOREST OAKS BLVD. SPRING HILL, FL 34606**
 Mailing Address: **3504 RADA LANE SPRING HILL, FL 34606**

60013306



2. Principal Place of Business: **7265 FOREST OAKS BLVD.**
 Suite, Apt. #, etc.
 3. Mailing Address: **5363 TANNER RD.**
 Suite, Apt. #, etc.

02072006 Chg-P CR2E034 (11/05)

City & State: **SPRING HILL, FL.**
 Zip: **34606** Country: **HERNANDO**
 City & State: **SPRING HILL**
 Zip: **FL.** Country: **HERNANDO**

4. FEI Number: **20-0142043**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
SURUFKA, BENJIMAN J
3504 RADA LANE
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent
 Name: **BEN SURUFKA**
 Street Address (P.O. Box Number is Not Acceptable): **5363 TANNER RD.**
 City: **SPRING HILL** State: **FL** Zip Code: **34609**

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]* DATE: **2-7-06**
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: PDTD	<input checked="" type="checkbox"/> Delete
NAME: SURUFKA, BENJIMAN J	
STREET ADDRESS: 3504 RADA LANE	
CITY-ST-ZIP: SPRING HILL, FL 34606	
TITLE: <input type="checkbox"/> Delete	
NAME: <input type="checkbox"/> Delete	
STREET ADDRESS: <input type="checkbox"/> Delete	
CITY-ST-ZIP: <input type="checkbox"/> Delete	
TITLE: <input type="checkbox"/> Delete	
NAME: <input type="checkbox"/> Delete	
STREET ADDRESS: <input type="checkbox"/> Delete	
CITY-ST-ZIP: <input type="checkbox"/> Delete	
TITLE: <input type="checkbox"/> Delete	
NAME: <input type="checkbox"/> Delete	
STREET ADDRESS: <input type="checkbox"/> Delete	
CITY-ST-ZIP: <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PDTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SURUFKA, BENJIMAN J	
STREET ADDRESS: 5363 TANNER RD.	
CITY-ST-ZIP: SPRING HILL, FL 34609	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *[Signature]* **BEN J SURUFKA** DATE: **2-7-06** DAYTIME PHONE #: **352-684-8100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR