
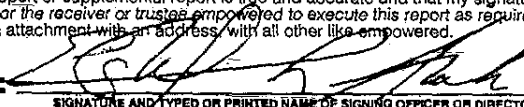


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000107035		
1. Entity Name ESTEL L. SPURLIN, INC.		
Principal Place of Business 496 ALLISON AVE LONGWOOD, FL 32750	Mailing Address 496 ALLISON AVE LONGWOOD, FL 32750	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SPURLIN, ESTEL L 496 ALLISON AVE LONGWOOD, FL 32750		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SPURLIN, ESTEL L 496 ALLISON AVE LONGWOOD, FL 32750	
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 exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04-18-05 (407) 260-0027 <small>Date Daytime Phone #</small>



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number **68-0568965** Applied For
Not Applicable

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

U000000317323
04/20/05-80014-015 150.00

**DO NOT WRITE
IN THIS SPACE**