


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90176 013 ***150.00

DOCUMENT # P03000121903 1. Entity Name SPARTAN ENTERPRISE INCBSP, INC.					
Principal Place of Business 9770 SOUTH MILITARY TRAIL, STE. 210 210 BOYNTON BEACH FL 33436			Mailing Address 9770 SOUTH MILITARY TRAIL, STE. 210 210 BOYNTON BEACH FL 33436		
2. Principal Place of Business 9770 South Military Trail		3. Mailing Address Same			
Suite, Apt. #, etc. 210		Suite, Apt. #, etc.			
City & State BOYNTON BEACH FL		City & State		4. FEI Number NO-T APPLICABLE	
Zip 33436		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CIRULNICK, MICHAEL 8350 DUOMO CIRCLE BOYNTON BEACH FL 33437			7. Name and Address of New Registered Agent Name None Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CIRULNICK, MICHAEL 8350 DUOMO CIRCLE BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CIRULNICK, ESTHER 8350 DUOMO CIRCLE BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael Cirulnick Pres. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date 2/19/05			Daytime Phone # 561-4823456		