

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000068965

1. Entity Name
SPURS TRUCKING INC



Principal Place of Business
**2953 PONCE DE LEON SPRINGS ROAD
PONCE DE LEON, FL 32455**

Mailing Address
**2953 PONCE DE LEON SPRINGS ROAD
PONCE DE LEON, FL 32455**



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2816158

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MITCHEM, ARTHUR W
2953 PONCE DE LEON SPRINGS ROAD
PONCE DE LEON, FL 32455**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000589453
01/18/07-80016-012 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MITCHEM, ARTHUR W**
STREET ADDRESS **2953 PONCE DE LEON SPRINGS ROAD**
CITY-ST-ZIP **PDL, FL 32455**

TITLE **SEC**
NAME **MITCHEM, BRENDA J**
STREET ADDRESS **2953 PONCE DE LEON SPRINGS ROAD**
CITY-ST-ZIP **PDL, FL 32455**

TITLE
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CITY-ST-ZIP

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

SIGNATURE: *Brenda Mitchem* **Brenda Mitchem** 1-15-07 800-836-9984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone