## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT Mar 19, 2007 08:00 AM Secretary of State **DOCUMENT # P05000084715** 1. Entity Name TEUFEL ENTERPRISES, INC. Mailing Address Principal Place of Business 350-2 GULF BLVD 350-2 GULF BLVD INDIAN ROCKS BEACH, FL 33785 INDIAN ROCKS BEACH, FL 33785 CR2E034 (11/05) 02152007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3073256 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALAN S. CHRISTNER, JR. P.A. DO NOT WRITE 350 GULF BLVD INDIAN ROCKS BEACH, FL 33785 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) 000000671135 \$5.00 May Be 9. Election Campaign Financing 03/28/07-80014-019 150.00 FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PST TITLE NAME TEUFEL, WILLIAM G STREET ADDRESS 112-12TH AVE INDIAN ROCKS BEACH, FL 33785 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-07 B

**FILED**