


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90051 049 ***158.75

DOCUMENT # P05000084715		
1. Entity Name TEUFEL ENTERPRISES, INC.		

Principal Place of Business 350-2 GULF BLVD INDIAN ROCKS BEACH, FL 33785	Mailing Address 350-2 GULF BLVD INDIAN ROCKS BEACH, FL 33785
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40050776



2. Principal Place of Business - No P.O. Box # 112 12th Avenue Suite, Apt. #, etc.	3. Mailing Address 112 - 12th Avenue Suite, Apt. #, etc.
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03032008 Chg-P CR2E034 (12/06)

City & State Indian Rocks Beach	City & State Indian Rocks Beach
Zip 33785	Country USA

4. FEI Number 20-3073256	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALAN S. CHRISTNER, JR. P.A. 350 GULF BLVD INDIAN ROCKS BEACH, FL 33785	
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7. Name and Address of New Registered Agent	
Name William G. Teufel	
Street Address (P.O. Box Number is Not Acceptable) 112 - 12th Avenue	
City Indian Rocks Beach	FL Zip Code 33785

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TEUFEL, WILLIAM G 112-12TH AVE INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: William G. Teufel William G. Teufel 3-19-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #