

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000150624

1. Entity Name
SPURGEON ASSOCIATES, INC.



Principal Place of Business
20897 HAMACA COURT
BOCA RATON, FL 33433 US

Mailing Address
20897 HAMACA COURT
BOCA RATON, FL 33433 US

2. Principal Place of Business

3. Mailing Address
16528 N. Dale Mabry Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tampa, FL

Zip

Zip
33618

Country

6. Name and Address of Current Registered Agent

SANDERS, WALTER S
16528 NORTH DALE MABRY HWY
TAMPA, FL 33618

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named equity 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

Walter Sanders

Walter Sanders

4/10/06

DATE

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

(NOTE: Registered Agent signature required when remitting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P Delete
NAME DE LOACH, KEITH
STREET ADDRESS 20897 HAMACA COURT
CITY - ST - ZIP BOCA RATON, FL 33433

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Delete
NAME
STREET ADDRESS
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CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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: *Keith De Loach* *Keith De Loach* 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED
May 03, 2006 8:00 am
Secretary of State**

05-03-2006 90254 048 ***150.00

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