


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000080951		
1. Entity Name SPA-TACULAR PRODUCTIONS, INC.		
Principal Place of Business 4650 S SEMORAN BOULEVARD STE 200 ORLANDO, FL 32822 US	Mailing Address 4650 S SEMORAN BOULEVARD STE #200 ORLANDO, FL 32822 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent IVAN, LEFKOWITZ ESQ 430 N MILLS AVE ORLANDO, FL 32803		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PORCHENICK, BARBARA 1715 CONWAY ISLE CIRCLE BELL ISLE, FL 32809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PORCHENICK, BERNARD 1715 CONWAY ISLE CIRCLE BELLE ISLE, FL 32809	
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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: <i>Bernard Porchenick</i> BERNARD PORCHENICK <i>April 2006</i> 4078237300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Corporate Phone #</small>		



02102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3214726

Applied For
Not Applicable

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

000000495620
04/21/06-80017-014 150.00

**DO NOT WRITE
IN THIS SPACE**