


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 25, 2007 08:00 A
Secretary of State

DOCUMENT # P96000092617
 1. Entity Name
FURR ENTERPRISES, INC.



Principal Place of Business 512 PINEBROOK CIRCLE CANTONMENT, FL 32533	Mailing Address 512 PINEBROOK CIRCLE CANTONMENT, FL 32533
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DO NOT WRITE IN THIS SPACE



05222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3428916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FURR, SAMUEL T
 512 PINEBROOK CIRCLE
 CANTONMENT, FL 32533

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FURR, SAMUEL T 512 PINEBROOK CIRCLE CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FURR, SHANNON L 512 PINEBROOK CIRCLE CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FURR, SAMUEL D 1172 NEAL RD CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FURR, GAIL 1172 NEAL RD. CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 06/01/07-80004-012-150.00

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: Samuel D. Furr **SAMUEL D. FURR** 5/23/07 850-968-6418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #