

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90049 014 \*\*\*150.00

**40019913**



02082007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P98000024922</b> 1. Entity Name SPURLIN ENTERPRISES, INC.																																																										
Principal Place of Business 2990 150TH ST N PALM BEACH GARDENS, FL 33410		Mailing Address 2990 150TH ST N PALM BEACH GARDENS, FL 33410																																																								
2. Principal Place of Business - No P.O. Box # <b>6562 N. 195th Place</b>		3. Mailing Address <b>6562 N. 195th Place</b>																																																								
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																								
City & State <b>Jupiter FL</b> Zip <b>33458</b> Country <b>USA</b>		City & State <b>Jupiter FL</b> Zip <b>33458</b> Country																																																								
4. FEI Number <b>65-0823023</b>		Applied For <input type="checkbox"/> Not Applicable																																																								
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																																								
6. Name and Address of Current Registered Agent  <b>BAVER, ELIZABETH</b> <b>2990 150TH ST N</b> <b>PALM BEACH GARDENS, FL 33410</b>		7. Name and Address of New Registered Agent Name <b>Elizabeth Bauer</b> Street Address (P.O. Box Number is Not Acceptable) <b>6562 N. 195th Place</b> City <b>Jupiter</b> FL Zip Code <b>33458</b>																																																								
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 <u><i>Elizabeth Bauer</i></u> DATE <b>2/12/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																										
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																								
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><b>D. Bauer</b></td> <td><b>BAVER, ELIZABETH</b></td> <td><b>2990 150TH ST N</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>PALM BEACH GARDENS, FL 33410</b></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>D. Bauer</b>	<b>BAVER, ELIZABETH</b>	<b>2990 150TH ST N</b>				<b>PALM BEACH GARDENS, FL 33410</b>			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
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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: <u><i>Elizabeth Bauer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/12/07</b> Daytime Phone # <b>561-635-3215</b>																																																								