


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 16, 2005 8:00 am
Secretary of State

05-02-2005 90987 020 ***150.00

DOCUMENT # P04000154134			
1. Entry Name 500 SPOONS INCORPORATED			
Principal Place of Business 860 SILVERWOOD DRIVE LAKE MARY, FL 32746 US		Mailing Address 860 SILVERWOOD DRIVE LAKE MARY, FL 32746 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WHITE, ERIC M 860 SILVERWOOD DRIVE LAKE MARY, FL 32746		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, ERIC	NAME	
STREET ADDRESS	860 SILVERWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREFRY, CHARLIE	NAME	
STREET ADDRESS	2311 PALMETTO AVE.	STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 32771	CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURNELL, DEXTER	NAME	
STREET ADDRESS	956 FOREST RIDGE COURT	STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Dexter Purnell Purnell</i>		04/27/05 (407)322-2017	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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04262005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1904573 Applied For Not Applicable

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