


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 710643
 1. Entity Name
SPRINGS CORPORATION OF GAINESVILLE, INC.



Principal Place of Business
 2424 N.W. 23RD BLVD.
 GAINESVILLE, FL 32605

Mailing Address
 P.O. BOX 90159
 - GAINESVILLE, FL 32607

DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
 59-0521187 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LINTON, STEPHEN J
 8620-204 N.W. 13TH STREET
 GAINESVILLE, FL 32653

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | PD |
| NAME | FRANKS, ROBERT E JR. |
| STREET ADDRESS | 8825 N.E. 108TH AVENUE |
| CITY-ST-ZIP | GAINESVILLE, FL 32609 |
| TITLE | VD |
| NAME | LINTON, STEPHEN J |
| STREET ADDRESS | 8620-204 N.W. 13TH STREET |
| CITY-ST-ZIP | GAINESVILLE, FL 32653 |
| TITLE | SD |
| NAME | PONZIO, JOSEPH E |
| STREET ADDRESS | 3512 N.W. 13TH AVENUE |
| CITY-ST-ZIP | GAINESVILLE, FL 32605 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000469562
 03/27/06-80004-023 61.25

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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 617, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen J. Linton **STEPHEN J. LINTON** 3/14/06 352-373-999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Calling Phone #