


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90018 030 \*\*\*150.00

**DOCUMENT # J45920**

1. Entity Name  
 SPRING HILL INVESTMENTS, INC.



Principal Place of Business      Mailing Address

% OSCAR HAUFLER      % OSCAR HAUFLER  
 3700-100 NW 91ST ST      3700-100 NW 91ST ST  
 GAINESVILLE, FL 32606      GAINESVILLE, FL 32606

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

*#A-100*      *#A-100*

City & State      City & State

Zip      Country      Zip      Country



02112004    Chg-P    CR2E034 (10/03)

6. Name and Address of Current Registered Agent

HAUFLER, OSCAR  
 3700-100 NW 91ST ST  
 GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent

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: *Oscar Haufler*      *DST*      DATE

Signature, typed or printed name of registered agent and title, if applicable. (NONE Registered Agent signature required when re-instating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> Delete
NAME	HAUFLER, ERNEST R	
STREET ADDRESS	3700-100 NW 91ST	
CITY-ST-ZIP	GAINESVILLE, FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HAUFLER, EUGENE	
STREET ADDRESS	3700-100 NW 91ST	
CITY-ST-ZIP	GAINESVILLE, FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HAUFLER, OSCAR	
STREET ADDRESS	3700-100 NW 91ST	
CITY-ST-ZIP	GAINESVILLE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>#A-100</i>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>#A-100</i>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>#A-100</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Oscar Haufler SST*      *4-20-04*      *352-376-3236*

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