

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90072 017 \*\*\*150.00

DOCUMENT # P01000028724  
 1. Entity Name  
 SPRINGHILL NURSERY OF GAINESVILLE, INC.



Principal Place of Business      Mailing Address  
 3700 N.W. 91ST STREET      3700 N.W. 91ST STREET  
 SUITE A-100      SUITE A-100  
 GAINESVILLE, FL 32606      GAINESVILLE, FL 32606

04068034



2. Principal Place of Business      3. Mailing Address  
 4155 NW 133rd St      Suite, Apt. #, etc.

02092004      Chg-P      CR2E034 (10/03)

City & State      City & State  
 Gainesville, FL      ~~FL~~  
 Zip      Country      Zip      Country  
 32606      USA

4. FEI Number      Applied For  
 59-3713187      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SONTAG, SANDRA H  
 3700 N.W. 91ST STREET  
 SUITE A-100  
 GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 4103 NW 133rd St  
 City      State      Zip Code  
 Gainesville      FL      32606

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 reinstating)

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

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	SONTAG, SANDRA H	3700 N.W. 91ST STREET	GAINESVILLE, FL 32606	<input type="checkbox"/>
D	HAUFLER, EUGENE B	3700 N.W. 91ST STREET	GAINESVILLE, FL 32606	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P		4103 NW 133rd St		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		4129 NW 133rd St		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 fee empowered.

SIGNATURE: Sandra H. Sontag      Date: 4/23/04      Daytime Phone #: 352-376-3336