


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000082336**  
1. Entity Name  
**SPRINGFIELD IL, INC.**



Principal Place of Business  
**6221 W. ATLANTIC BLVD  
MARGATE, FL 33063**

Mailing Address  
**6221 W. ATLANTIC BLVD  
MARGATE, FL 33063**



**DO NOT WRITE IN THIS SPACE**

04202007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-2970963** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**QURESHI, MAHAMMAD  
6221 W. ATLANTIC BLVD  
MARGATE, FL 33063**

**DO NOT WRITE  
IN THIS SPACE**

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 restating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P QURESHI, MAHAMMAD 6221 W. ATLANTIC BLVD MARGATE, FL 33063</b>
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05/17/07-80006-005 158.75

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:** *Adnan Ayub Mohammad Qureshi* **4-26-07 954-977-9728**

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