

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90003 044 ***150.00

DOCUMENT # P92000015303

1. Entity Name
SPRINGHILL SILAGE, INC.



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

DO NOT WRITE IN THIS SPACE



02112004 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3156846 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**HAUFLER, DALE E
3700A-100 N.W. 91ST STREET
GAINESVILLE, FL 32606**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and file 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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP HAUFLER, DALE E 3700A-100 N.W. 91ST STREET GAINESVILLE, FL 32606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST HAUFLER, DONALD R 3700A-100 N.W. 91ST STREET GAINESVILLE, FL 32606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: Dale E Haufler Dale E Haufler 2/12/04 352 316 3032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #