

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000077787

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: HERNANDO SPRINGS CORPORATE, INC.

**Current Principal Place of Business:**

1733 W FLETCHER AVE  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

1733 W FLETCHER AVE  
TAMPA, FL 33612 US

**New Mailing Address:**

FEI Number: 59-3275132      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALTERS, CLIFFORD L  
802 11TH ST. WEST  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEVIN, RICHARD  
Address: 1733 WEST FLETCHER AVENUE  
City-St-Zip: TAMPA, FL 33612

Title: VS ( ) Delete  
Name: STEVEN LEVIN,  
Address: 21301 POWERLINE ROAD SUITE #312  
City-St-Zip: BOCA RATON, FL 33433

Title: VSD ( ) Delete  
Name: SUZANNE RICE,  
Address: 1733 W FLETCHER AVE  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete  
Name: MARK A FERRUCCI,  
Address: 1209 ORANGE STREET  
City-St-Zip: WILMINGTON, DE 19801

Title: T ( ) Delete  
Name: LEVIN, JILL  
Address: P.O. BOX 11229 N/A  
City-St-Zip: KNOXVILLE, TN 37939

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE L. RICE

MGR

04/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date