


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # 166560 1. Entity Name OLD TOWN SPRINGS INC	
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Principal Place of Business 152 NORTHEAST 351 HIGHWAY CROSS CITY, FL 32628	Mailing Address PO BOX 1419 CROSS CITY, FL 32628
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1291113	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 MOELLER, ROBERT 152 NORTHEAST 351 HIGHWAY CROSS CITY, FL 32628	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, LARRY 5505 FT. PIERCE BLVD. FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, LOIS K. RT. 1, BOX 8 OLD TOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRITZ, ANNIE LOU POST OFFICE BOX 14156 N/A GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MOELLER, ROBERT CORNER OF WILSON ST. & 351 CROSS CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

UD00000737048
05/11/07-80011-025 150.00

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 an other like empowered.

SIGNATURE:  **4-26-07 352-498-3310**

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