

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 166560

1. Entity Name
OLD TOWN SPRINGS INC



Principal Place of Business
**152 NORTHEAST 351 HIGHWAY
CROSS CITY, FL 32628**

Mailing Address
**PO BOX 1419
CROSS CITY, FL 32628**



02152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1291113

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MURRAY, LARRY
STREET ADDRESS	5505 FT. PIERCE BLVD.
CITY-ST-ZIP	FORT PIERCE, FL
TITLE	D
NAME	COOK, LOIS K.
STREET ADDRESS	RT. 1, BOX 8
CITY-ST-ZIP	OLD TOWN, FL
TITLE	D
NAME	PRITZ, ANNIE LOU
STREET ADDRESS	POST OFFICE BOX 14156 N/A
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	DST
NAME	MOELLER, ROBERT
STREET ADDRESS	CORNER OF WILSON ST. & 351
CITY-ST-ZIP	CROSS CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/27/08-80006-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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:

Robert Moeller

2-15-08

352-498-3310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #