2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# 166560

Entity Name: OLD TOWN SPRINGS INC

Current Principal Place of Business:

152 NORTHEAST 351 HIGHWAY
CROSS CITY, FL 32628

New Principal Place of Business:

Current Mailing Address:

PO BOX 1419
CROSS CITY, FL 32628

New Mailing Address:

FEI Number: 59-1291113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOELLER, ROBERT
152 NORTHEAST 351 HIGHWAY
CROSS CITY, FL 32628 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: D ( ) Delete
Name: MURRAY, LARRY,
Address: 5505 FT. PIERCE BLVD.
City-St-Zip: FORT PIERCE, FL

Title: D ( ) Delete
Name: COOK, LOIS K.,
Address: RT. 1, BOX 8
City-St-Zip: OLD TOWN, FL

Title: D ( ) Delete
Name: PRITZ, ANNIE LOU,
Address: POST OFFICE BOX 14156 N/A
City-St-Zip: GAINESVILLE, FL

Title: DST ( ) Delete
Name: MOELLER,ROBERT,
Address: CORNER OF WILSONST.&351
City-St-Zip: CROSS CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MURRAY, LARRY SR
Address: 5505 FT. PIERCE BLVD.
City-St-Zip: FORT PIERCE, FL 34951

Title: D (X) Change ( ) Addition
Name: COOK, LOIS K
Address: 1151 S.E. 349 HWY
City-St-Zip: OLD TOWN, FL 32680

Title: D (X) Change ( ) Addition
Name: PRITZ, ANNIE LOU
Address: POST OFFICE BOX 358779
City-St-Zip: GAINESVILLE, FL 32635

Title: DST (X) Change ( ) Addition
Name: MOELLER, ROBERT
Address: POST OFFICE BOX 1419
City-St-Zip: CROSS CITY, FL

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: ROBERT MOELLER DST 03/23/2009

Electronic Signature of Signing Officer or Director — Date