

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 166560

FILED
Aug 24, 2010
Secretary of State

Entity Name: OLD TOWN SPRINGS INC

Current Principal Place of Business:

152 NORTHEAST 351 HIGHWAY
CROSS CITY, FL 32628

New Principal Place of Business:

717 NE 665 STREET
OLD TOWN, FL 32680

Current Mailing Address:

PO BOX 1419
CROSS CITY, FL 32628

New Mailing Address:

717 NE 665 STREET
OLD TOWN, FL 32680

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:

MOELLER, ROBERT
717 NE 665 STREET
OLD TOWN, FL 32680 US

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: ROBERT MOELLER

08/24/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: DST
Name: MOELLER, ROBERT
Address: 717 NE 665 STREET
City-St-Zip: OLD TOWN, FL 32680

I hereby 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 all other like empowered.

SIGNATURE: ROBERT MOELLER

DST

08/24/2010

Electronic Signature of Signing Officer or Director

Date