

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 543655

1. Entity Name
SPRING LAKE REALTY, INC.



FILED
01-18-2007 90098 008 ***150.00
07 FEB 14 AM 10:30

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



01162007 Chg-P CR2E034 (12/06)

Principal Place of Business
SPRING LAKE REALTY, INC.
6128 US HWY 98
SEBRING, FL 33876 US

Mailing Address
SPRING LAKE REALTY, INC.
PO BOX 1483
LAKE PLACID, FL 33862 US

2. Principal Place of Business - No P.O. Box #
6128 US HWY 98
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 1483
Suite, Apt. #, etc.

City & State
SEBRING, FL
Zip
33876
Country
HIGHLAND

City & State
LAKE PLACID, FL
Zip
33862
Country
HIGHLAND

4. FEI Number
59-1832131

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NEIL NORRIS
119 BELLEVIEW ST.
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent
Name
NEIL NORRIS
Street Address (P.O. Box Number is Not Acceptable)
119 BELLEVIEW ST
City
LAKE PLACID FL Zip Code
33852

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 Neil Norris DATE 2-5-07
(NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PB	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NORRIS, NEIL			NAME			
STREET ADDRESS	119 BELLEVIEW AVE			STREET ADDRESS			
CITY - ST - ZIP	LAKE PLACID, FL 33852			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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 all other like empowered.

SIGNATURE: Neil Norris (NEIL NORRIS) 01-16-07 863-655-2240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #