

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90007 011 ***150.00

DOCUMENT # 588639

1. Entity Name
SPRING LANDING ASSOCIATES, INC.



Principal Place of Business
**412 NE 16TH AVE. STE 130
POB 1776
GAINESVILLE, FL 32601**

Mailing Address
**412 NE 16TH AVE. STE 130
POB 1776
GAINESVILLE, FL 32601**

44010000



2. Principal Place of Business
4127 NW 27th Ln.

3. Mailing Address
PO Box 357845

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.

01222004 Chg-P CR2E034 (10/03)

City & State
Gainesville FL

City & State
Gainesville FL

4. FEI Number
59-1876626

Applied For
Not Applicable

Zip
32606

Country
USA

Zip
32635

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, DENNIS G.
412 N.E. 16TH AVE.
GAINESVILLE, FL 32601

Name
Lee, Dennis G.

Street Address (P.O. Box Number is Not Acceptable)

4127 NW 27th Ln, Suite A

City
Gainesville

FL

Zip Code
32606

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

Dennis G. Lee

Dennis G. Lee

1/29/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
LEE, DENNIS
412 NE 16 AVENUE
GAINESVILLE, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
Lee, Dennis
4127 NW 27th Ln, Ste A
Gainesville FL 32606**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASV
LEE, CARIDAD
412 NE 16TH AVENUE
GAINESVILLE, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASV
Lee, Caridad
4127 NW 27th Ln, Ste A
Gainesville FL 32606**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
DAVIES, LISA S
412 N.E. 16TH AVE.
GAINESVILLE, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
Davies, Lisa S.
4127 NW 27th Ln, Ste A
Gainesville FL 32606**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Dennis G. Lee

Dennis G. Lee

1/29/04

352-334-1976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #