


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 588639</b> 1. Entity Name SPRING LANDING ASSOCIATES, INC.			
Principal Place of Business 4127 NW 27TH LN. SUITE A GAINESVILLE, FL 32606		Mailing Address PO BOX 357845 GAINESVILLE, FL 32635	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01112006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1876626	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LEE, DENNIS G. 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEE, DENNIS 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV LEE, CARIDAD 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DAVIES, LISA 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Dennis G. Lee 1-17-06 352-334-1976 Date Daytime Phone #	