

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT# 678957 1. Entity Name SPRING HILL LANES, INC.					
Principal Place of Business 3447 COMMERCIAL WAY SPRING HILL, FL 34606		Mailing Address 3447 COMMERCIAL WAY SPRING HILL, FL 34606			
DO NOT WRITE IN THIS SPACE					
				 01312006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2023432		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 MARTINS, ANTONIO 3447 COMMERCIAL WAY SPRING HILL, FL 34606				DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				02/16/06-80008-021 150.00	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DPVS MARTINS, ANTONIO 3447 COMMERCIAL WAY SPRING HILL, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T MARTINS, CARLOS 3447 COMMERCIAL WAY SPRING HILL, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		AVP MARTINS, MARIA 3447 COMMERCIAL WAY SPRING HILL, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D MARTINS, GEORGE 3447 COMMERCIAL WAY SPRING HILL, FL 34606			
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: 		George Martins 1/31/06 352-683-7272			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	