

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 694657

Entity Name: SPRINGBANK CORP.

FILED  
Mar 02, 2009  
Secretary of State

## Current Principal Place of Business:

8585 MIDNIGHT PASS RD  
SARASOTA, FL 34242

## New Principal Place of Business:

328 SHULLS MILL ROAD  
C/O HOUNDS EAR CLUB  
BOONE, NC 28607

## Current Mailing Address:

8585 MIDNIGHT PASS RD  
SARASOTA, FL 34242

## New Mailing Address:

P.O. BOX 188  
BLOWING ROCK, NC 28605

FEI Number: 59-2102344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAMS, LAURIE B ESQ  
2815 PROCTOR RD  
SARASOTA, FL 34231 US

## Name and Address of New Registered Agent:

SAMS, LAURIE B ESQ  
3859 BEE RIDGE RD  
SUITE 202  
SARASOTA, FL 34233 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/02/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JAMES, E. RUSSELL  
Address: 8585 MIDNIGHT PASS RD  
City-St-Zip: SARASOTA, FL 34242

Title: STD ( ) Delete  
Name: JAMES, CHRISTINE R  
Address: 8585 MIDNIGHT PASS RD  
City-St-Zip: SARASOTA, FL 34242

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: JAMES, E. RUSSELL  
Address: P.O. BOX 188  
City-St-Zip: BLOWING ROCK, NC 28605

Title: STD (X) Change ( ) Addition  
Name: JAMES, CHRISTINE R  
Address: P.O. BOX 188  
City-St-Zip: BLOWING ROCK, NC 28605

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: E. RUSSELL JAMES

Electronic Signature of Signing Officer or Director

P

03/02/2009

Date