

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90027 019 \*\*\*\*61.25

**DOCUMENT # 712753**

1. Entity Name

520 SPRING AVENUE, INC.



Principal Place of Business

Mailing Address

520 SPRING AVE  
ANNA MARIA FL 34216  
US

P O BOX 251  
ANNA MARIA FL 34216-0215  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO Box 251

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAHMS, BRIAN  
160 CRESCENT DRIVE  
PO BOX 251  
ANNA MARIA FL 34216

Name

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

City

FL

Zip Code

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]*

Brian Dahms

2-7-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P ☐ Delete  
NAME: MCINEVNEY, GEORGE  
STREET ADDRESS: 2716 SEASPRAY ST  
CITY-STATE-ZIP: SARASOTA FL 34231

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: T ☐ Delete  
NAME: DAHMS, BRIAN  
STREET ADDRESS: 160 CRESCENT DRIVE  
CITY-STATE-ZIP: ANNA MARIA FL 34216

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: S ☐ Delete  
NAME: DAHMS, MAUREEN  
STREET ADDRESS: 160 CRESCENT DRIVE  
CITY-STATE-ZIP: ANNA MARIA FL 34216

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: DT ☐ Delete  
NAME: CAIN, PAT & PETER  
STREET ADDRESS: 520 SPRING AVE  
CITY-STATE-ZIP: ANNA MARIA FL 34216

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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]*

Brian Dahms

2/7-07

941-778-0542