2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001598

Entity Name: THREE SPRINGS, INC

FILED Jul 01, 2005 Secretary of State

Littly Na	ille. ITIKEE S	BERINGS, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	LETREE LANE LLE, AL 35801					
Current Mailing Address:			New Maili	New Mailing Address:		
	LETREE LANE LLE, AL 35801					
FEI Number	: 63-0889709	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and	l Address o	f New Registered Agent:	
1200 SOU	PORATION SY ITH PINE ISLA ION, FL 33324	ND ROAD				
	e named entity : e of Florida.	submits this statement for the	purpose of changing i	its registere	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	nic Signature of Registered Ag	ent		Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	C () SHARP, WATS 1702 WALLER HUNTSVILLE, A	ROAD	Title: Name: Address: City-St-Zip:		(X) Change () Addition RY SIDE SQUARE SUITE C E, AL 35801	
Title: Name: Address: City-St-Zip:	VC () BALCH, BROO 1131 EAGLETF HUNTSVILLE, A	REE LANE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T () KOSLOW, STE 2828 DRAKE A HUNTSVILLE, A	VENUE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S () FALLON, ROBE 418 RAINBOW MADISON, AL	DRIVEE	Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDREA C. THOMASON VP 07/01/2005