

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000001598

1. Entity Name
THREE SPRINGS, INC.



Principal Place of Business
**1131 EAGLETREE LANE
HUNTSVILLE, AL 35801**

Mailing Address
**1131 EAGLETREE LANE
HUNTSVILLE, AL 35801**



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0889709	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SALIBA, GARY 112 SOUTHSIDE SQUARE SUITE C HUNTSVILLE, AL 35801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BALCH, BROOKE 1131 EAGLETREE LANE HUNTSVILLE, AL 35801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOSLOW, STEVE 2828 DRAKE AVENUE HUNTSVILLE, AL 35805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FALLON, ROBERT 418 RAINBOW DRIVE MADISON, AL 35758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000723582
05/02/07-80076-019 158.75

**DO NOT WRITE
IN THIS SPACE**

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: **4-16-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____