


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90318 005 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 63-0889709	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE C	NAME SALIBA, GARY		<input type="checkbox"/> Delete		
STREET ADDRESS 112 SOUTHSIDE SQUARE SUITE C	CITY-ST-ZIP HUNTSVILLE, AL 35801		TITLE P		
NAME VC	NAME BALCH, BROOKE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 1131 EAGLETREE LANE	CITY-ST-ZIP HUNTSVILLE, AL 35801		NAME 		
NAME T	NAME KOSLOW, STEVE		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 2828 DRAKE AVENUE	CITY-ST-ZIP HUNTSVILLE, AL 35805		STREET ADDRESS 		
NAME S	NAME FALLON, ROBERT		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 418 RAINBOW DRIVEE	CITY-ST-ZIP MADISON, AL 35758		NAME 		
NAME 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 	CITY-ST-ZIP 		TITLE T		
NAME 	CITY-ST-ZIP 		NAME THOMASON, ANDREA		
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 1131 EAGLETREE LANE		
NAME 	CITY-ST-ZIP 		CITY-ST-ZIP HUNTSVILLE, AL 35801		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME 	CITY-ST-ZIP 		NAME LANEY, SHARON		
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 1131 EAGLETREE LANE		
NAME 	CITY-ST-ZIP 		CITY-ST-ZIP HUNTSVILLE, AL 35801		
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: <u>Al Mondson</u> CFO 4-28-08 256-880-3335					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					