

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90022 003 ***158.75

DOCUMENT # G54223

1. Entity Name

SPRINGCO, INC.



Principal Place of Business

650 W 20TH ST
HIALEAH FL 33010
US

Mailing Address

650 W 20TH ST
HIALEAH FL 33010
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2310089

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

LUNA, DONAL
~~3911 GRANADA BLVD~~
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

650 WEST 20TH STREET

City

Hialeah

FL

Zip Code

33010

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME LUNA, MARIA D
STREET ADDRESS 3911 GRANADA BLVD
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE PD ☐ Delete
NAME LUNA, DONAL A SR.
STREET ADDRESS 3911 GRANADA BLVD
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VD ☐ Delete
NAME LUNA, CARLOS A
STREET ADDRESS 2 GROVE ISLE #503
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 650 WEST 20TH ST.
CITY-ST-ZIP Hialeah FL 33010

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 650 WEST 20TH ST.
CITY-ST-ZIP Hialeah FL 33010

TITLE ☒ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06

Date

305-887-3782

Daytime Phone *