

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90076 015 ***150.00

DOCUMENT # G79996

1. Entity Name

SPRINGS-EAST APTS., INC.



Principal Place of Business

125 N DAVIS LN
APT. 11
DEFUNIAK SPRINGS FL 32433

Mailing Address

P.O. BOX 111
DEFUNIAK SPRINGS FL 32435



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 **59-2355274**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCORMICK, FRANKIE
6000 CO. HWY 278
DEFUNIAK SPGS FL 32435

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, typed or printed name of registered agent and title, as applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MCCORMICK, GERALD ☒ Delete
STREET ADDRESS 6000 COY BURGESS LOOP
CITY ST ZIP DEFUNIAK SPRINGS FL 32435

TITLE P/D McCormick, Gerald D. ☒ Change ☐ Addition
NAME 432 Teelinville Drive
STREET ADDRESS DeFuniaK Springs, FL
CITY ST ZIP 32435

TITLE SD
NAME MCCORMICK, FRANKIE ☐ Delete
STREET ADDRESS 6000 COY BURGESS LOOP
CITY ST ZIP DEFUNIAK SPRINGS, FL 32435

TITLE V/D ☐ Change ☒ Addition
NAME Lisa S. McCormick
STREET ADDRESS 432 Teelinville Drive
CITY ST ZIP DeFuniaK Spgs, FL 32435

TITLE VPD ☒ Delete
NAME MCCORMICK, GERALD D
STREET ADDRESS 432 TEELINVILLE DR
CITY ST ZIP DEFUNIAK SPRGS FL 32435

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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:

Lisa S. McCormick

Lisa S. McCormick

1-23-07

(850) 892-7012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #