


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # H13049 1. Entity Name SPRINGLINE CORP.	
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Principal Place of Business 1750 W BROADWAY ST SUITE 120 OVIEDO, FL 32765 US	Mailing Address 1750 W BROADWAY ST SUITE 120 OVIEDO, FL 32765 US
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01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2426213 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WASHBURN, DANIEL G 17138 PICKETTS COVE RD ORLANDO, FL 32820
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**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DVT WASHBURN, ROBERT M. 245 SPRINGLINE DR. VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WASHBURN, DANIEL G. 17138 PICKETTS COVE RD ORLANDO, FL 32820
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WASHBURN, GRETCHEN H. 245 SPRINGLINE DR. VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

01/08/04-96002-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DANIEL WASHBURN 1/5/04 407-365-9568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #