

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H13049**

1. Entity Name  
**SPRINGLINE CORP.**



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



01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2426213**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

WASHBURN, DANIEL G  
17138 PICKETTS COVE RD  
ORLANDO, FL 32820

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DVT
NAME	WASHBURN, ROBERT M.
STREET ADDRESS	245 SPRINGLINE DR.
CITY- ST- ZIP	VERO BEACH, FL
TITLE	DV
NAME	WASHBURN, DANIEL G.
STREET ADDRESS	17138 PICKETTS COVE RD
CITY- ST- ZIP	ORLANDO, FL 32820
TITLE	DS
NAME	WASHBURN, GRETCHEN H.
STREET ADDRESS	245 SPRINGLINE DR.
CITY- ST- ZIP	VERO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1000000202311  
01/28/05-80103-023 150.00

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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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DAN WASHBURN** 1/26/05 407-365-9568