

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 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



04272006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000557482
05/17/06-80052-018 150.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Daniel Washburn **DANIEL WASHBURN** 4/27/06 407-365-9568