


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90041 050 ***150.00

DOCUMENT # H45925 1. Entity Name SPRINGFIELD ENTERPRISES, INC.			
Principal Place of Business % ALPHONSO B. WHITAKER 1213 DOVER STREET TALLAHASSEE FL 32304-2340		Mailing Address PO BOX 37033 1213 DOVER STREET TALLAHASSEE FL 32315-7033 US	
2. Principal Place of Business 2404 Hartsfield Rd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Tallahassee, FL Zip 32303		City & State Zip Country	
4. FEI Number 59-2500193		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITAKER, ALPHONSO B. 1213 DOVER STREET TALLAHASSEE FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2404 Hartsfield Rd City Tallahassee FL Zip Code 32303	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JEFFERSON, CHARLES O. 2027 SKYLAND DRIVE TALLAHASSEE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WELLS, BILLIE L. 1124 DOVER STREET TALLAHASSEE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITAKER, ALPHONSO B. 1213 DOVER STREET TALLAHASSEE FL	<input type="checkbox"/> Delete	Alphonso B. Whitaker 2404 Hartsfield Rd Tallahassee, FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAUGHN, SHARRON D 914 FRAZIER STREET TALLAHASSEE FL	<input type="checkbox"/> Delete	Sharron D. Vaughn 606 Barrington Rd Monticello, FL 32344 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Charles O. Jefferson / Charles O. Jefferson</u> 3/23/2004 850 414-7045 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

34000101



MOORE CR2E034 (11/03)