

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H45925

1. Entity Name
SPRINGFIELD ENTERPRISES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION:

06 AUG 30 PM 2:07

Principal Place of Business
2404 HARTSFIELD RD.
TALLAHASSEE, FL 32303

Mailing Address
PO BOX 37033
1213 DOVER STREET
TALLAHASSEE, FL 32315-7033 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08302006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-2500193

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITAKER, ALPHONSO B.
2404 HARTSFIELD RD.
TALLAHASSEE, FL 32303

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

CD
JEFFERSON, CHARLES O.
2027 SKYLAND DRIVE
TALLAHASSEE, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

VCD
WELLS, BILLIE L.
1124 DOVER STREET
TALLAHASSEE, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

SD
WHITAKER, ALPHONSO B.
2404 HARTSFIELD RD.
TALLAHASSEE, FL 32303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TD
VAUGHN, SHARRON D
606 BARRINGTON RD.
MONTICELLO, FL 32344

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

700079713397
09/12/06--01018--011 **150.00

TITLE
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CITY- ST- ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Charles O. Jefferson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/2006

Date

Daytime Phone #