

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 AUG 30 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08052007 No Chg-P CR2E034 (11/05)

DOCUMENT # H45925

1. Entity Name
SPRINGFIELD ENTERPRISES, INC.



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

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

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2500193

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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
Due by September 14, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
WELLS, BILLIE L.
1124 DOVER STREET
TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WHITAKER, ALPHONSO B.
2404 HARTSFIELD RD.
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
VAUGHN, SHARRON D
606 BARRINGTON RD.
MONTICELLO, FL 32344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300109207983
09/07/07--01033--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 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 Charles O. Jefferson 8/5/07

850 414-7045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #