2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 26, 2005 08:00 AM DOCUMENT # L29989 Secretary of State 1. Entity Name SPRINGER MANAGEMENT, INC. Principal Place of Business Mailing Address 6616 13TH AVE DRIVE WEST BRADENTON FL 34209 6616 13TH AVE DRIVE WEST BRADENTON FL 34209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 65-0157834 Not Applicat Country Country Zro Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPRINGER, RONALD L Street Address (P.O. Box Number is Not Acceptable) 6616 13TH AVE. DRIVE WEST **BRADENTON FL 34209** City 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 \$5.00 May P 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE ☐ Delete TITLE ☐ Change Addilio NAME SPRINGER, RONALD L NAME U00000196339 6616 13TH AVE DRIVE WEST STREET ADDRESS STREET ADDRESS 01/26/05-80065-016 150.00 CITY - ST - 7-P **BRADENTON FL 34209** CITY-ST-ZIP HILE ☐ Defete TITLE ☐ Change Auditi NAME NAME STREET ADORESS STREET ADORESS CHY-SI-70P CHY-SI-ZIP IIILE ☐ Delete Andi: ☐ Change ШĻŧ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CHY-SI-ZIP BHE Delete HILE Change HARAF NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7JP Tifte ☐ Delete TITLE Change □ Admi NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST 2# mu ☐ Delete HILLE ☐ Change ☐ A: "" NAME NAME STREET ADDRESS STREET ADDRESS CITY ST- 3P CUY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or direction of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ONALD L: SPRINGER 1/24/05 (941) 79220.

FILED