

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 08, 2004 8:00 am
Secretary of State**

03-08-2004 90031 002 ***150.00

DOCUMENT # L53345

1. Entity Name
SPRING TRACE, INC.



Principal Place of Business
C/O BARNEY VEAL
101 PARK BLVD., SUITE #3
KISSIMMEE, FL 34741-5055

Mailing Address
C/O BARNEY VEAL
101 PARK BLVD., SUITE #3
KISSIMMEE, FL 34741-5055

0406040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02112004 Chg-P CR2E034 (10/03)

Zip

Country

Zip

Country

4. FEI Number
59-3011682

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VEAL, BARNEY
101 PARK PLACE BLVD
STE 3
KISSIMMEE, FL 32741

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME DIAZ-ASPER, JOSE A
STREET ADDRESS 2462 PINE CHASE CIRCLE
CITY-ST-ZIP SAINT CLOUD, FL 34769

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE S
NAME RADER, ELENORA B
STREET ADDRESS 1510 W EMMETT
CITY-ST-ZIP KISSIMMEE, FL 34741

Delete

TITLE S
NAME SIERING, MARILYN
STREET ADDRESS 1011 N MAIN ST, SU 6
CITY-ST-ZIP KISSIMMEE, FL 34744

Change Addition

TITLE DV
NAME BARNEY VEAL
STREET ADDRESS 2950 OLD CANOE CREEK RD
CITY-ST-ZIP ST CLOUD, FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1011 N MAIN ST, SU 6
KISSIMMEE, FL 34744

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: Barney Veal

2-24-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #