


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 8:00 am
Secretary of State

09-05-2007 90005 025 ***550.00

DOCUMENT # L86137 1. Entity Name SPRINGFIELD LAW, P.A.			
Principal Place of Business C/O STEVEN M. CHAMBERLAIN 605 N.E. FIRST STREET, SUITE G GAINESVILLE, FL 32601 <i>C/O Emory Springfield</i>		Mailing Address C/O STEVEN M. CHAMBERLAIN 605 N.E. FIRST STREET, SUITE G GAINESVILLE, FL 32601 <i>C/O Emory Springfield</i>	
2. Principal Place of Business - No P.O. Box # <i>605 NE 1st Street</i>		3. Mailing Address <i>605 NE First Street</i>	
Suite, Apt. #, etc. <i>Suite G</i>		Suite, Apt. #, etc. <i>Suite G</i>	
City & State <i>Gainesville, FL</i>		City & State <i>Gainesville FL</i>	
Zip <i>32601</i>		Zip <i>32601</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 59-3015552		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 SPRINGFIELD, F E 605 N.E. FIRST STREET, SUITE G GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <i>[Signature]</i> 7/12/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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	PS SPRINGFIELD, F. EMORY 605 N.E. FIRST STREET, SUITE G GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SPRINGFIELD, JENNIFER B 605 N.E. FIRST STREET, SUITE G GAINESVILLE, FL 32601	<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
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
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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>7/12/07</i> Daytime Phone # <i>352 371 9909</i>	