

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90151 036 ****61.25

DOCUMENT # N04000009662 1. Entity Name SPRING OBSESSION INCORPORATED					
Principal Place of Business 223 N KENTUCKY AVE LAKELAND, FL 33801			Mailing Address 223 N KENTUCKY AVE LAKELAND, FL 33801		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1769021	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RAY, ANITA 4340 IRIS STREET N LAKELAND, FL 33813				7. Name and Address of New Registered Agent Name GLORIA BROOKE Street Address (P.O. Box Number is Not Acceptable) 223 N. KENTUCKY AVE. City LAKELAND FL Zip Code 33801	
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 <u><i>Gloria Brooke</i></u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>4/20/06</u> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROOKE, GLORIA 223 N KENTUCKY AVE LAKELAND, FL 33801	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRADDOCK, MARIE 5344 LOCH PLACE LAKELAND, FL 33813	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RAY, ANITA PO BOX 2341 LAKELAND, FL 338062341	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MARGARET STEPHENS 223 N. KENTUCKY AVE. LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		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 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 617, 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: <u><i>Gloria Brooke</i></u> <u>Gloria Brooke</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>4/20/06</u> Daytime Phone # <u>863-688-6844</u>	

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