

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000780

FILED
May 01, 2009
Secretary of State

Entity Name: THE SPRING FLING, INC.

Current Principal Place of Business:

129 S COMMERCE AVENUE
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

129 S COMMERCE AVENUE
SEBRING, FL 33870 US

New Mailing Address:

FEI Number: 20-4462282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCOLLUM, JAMES F
129 S COMMERCE AVENUE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: ZENGLER, SUNNY K
Address: 129 S COMMERCE AVENUE
City-St-Zip: SEBRING, FL 33870 US

Title: DVP () Delete
Name: HAVLOCK, MILLIE
Address: 129 S COMMERCE AVENUE
City-St-Zip: SEBRING, FL 33870 US

Title: DT () Delete
Name: MCAFEE, JOANNE
Address: 129 S COMMERCE AVENUE
City-St-Zip: SEBRING, FL 33870 US

Title: D () Delete
Name: FOSTER, BARRY
Address: 129 S COMMERCE AVENUE
City-St-Zip: SEBRING, FL 33870 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUNNY K. ZENGLER

DPS

05/01/2009

Electronic Signature of Signing Officer or Director

Date