


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-16-2005 90198 032 ****61.25

DOCUMENT # N94000001897 1. Entity Name SPRINGFEST, INC.					
Principal Place of Business 30 SOUTH SPRING ST PENSACOLA, FL 32501 US			Mailing Address 6160 N DAVIS HWY # 7 PENSACOLA, FL 32504		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3237865	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BOOKMAN, ALAN B 30 SOUTH SPRING STREET PENSACOLA, FL 32501				7. Name and Address of New Registered Agent Name <u>STUCK FORD</u> Street Address (P.O. Box Number is Not Acceptable) <u>SAME</u> 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 _____ (NOTE: Registered Agent signature required when releasing) <small>Signature, typed or printed name of registered agent and date if applicable</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 DS <input type="checkbox"/> Delete NAME HARRIS, KELLY STREET ADDRESS 4025 MONTALVO DR CITY- ST- ZIP PENSACOLA, FL 32504	TITLE D P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP				
TITLE DP <input checked="" type="checkbox"/> Delete NAME KELLY, DONNIE STREET ADDRESS 510 RESERVATION AVE CITY- ST- ZIP PENSACOLA, FL 32507	TITLE NAME STREET ADDRESS CITY- ST- ZIP				
TITLE DV <input type="checkbox"/> Delete NAME RIDDLE, NANCY STREET ADDRESS 30 SOUTH SPRING STREET CITY- ST- ZIP PENSACOLA, FL 32501	TITLE NAME STREET ADDRESS CITY- ST- ZIP				
TITLE DT <input type="checkbox"/> Delete NAME SEARS, WILLIAM STREET ADDRESS 6160 N DAVIS HWY STE 7 CITY- ST- ZIP PENSACOLA, FL 32504	TITLE NAME STREET ADDRESS CITY- ST- ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP	TITLE DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME BOBBY, MARCUS STREET ADDRESS SIEMENS BUILDING TECH CITY- ST- ZIP 1233 BARRANCA AVE				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP				
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 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>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/24/05 850-479-1040 <small>Daytime Phone #</small>		

66022699



02022005 Chg-NP CR2E037 (10/03)

*NO
CHANGE
6/2/05*