

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000033714**

1. Entity Name  
**MAITLAND SPRINGS, INC.**



Principal Place of Business  
**2200 LUCIEN WAY #333  
MAITLAND, FL 32751**

Mailing Address  
**2200 LUCIEN WAY #333  
MAITLAND, FL 32751**



07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3654242**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FESS, MICHAEL D  
2200 LUCIEN WAY #333  
MAITLAND, FL 32751**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JAFFEE, CABOT L SR.
STREET ADDRESS	2200 LUCIEN WAY #333
CITY - ST - ZIP	MAITLAND, FL 32751
TITLE	D
NAME	CALHOUN, MICHAEL D
STREET ADDRESS	51 OAKLEIGH LANE
CITY - ST - ZIP	MAITLAND, FL 32751
TITLE	D
NAME	FESS, MICHAEL D
STREET ADDRESS	2200 LUCIEN WAY #333
CITY - ST - ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000154501  
07/08/04-80011-011 550.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/6/04 4076604949**  
Date Daytime Phone