


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90089 032 ***150.00

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
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60009043



2. Principal Place of Business - No P.O. Box 250 International Pkwy # 114	3. Mailing Address Same as principal
Suite, Apt. #, etc. # 114	Suite, Apt. #, etc.

01222007 Chg-P CR2E034 (12/06)

City & State LAKE MARY, Florida	City & State
Zip 32746	Country USA

4. FEI Number 59-3654242	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FESS, MICHAEL D 2200 LUCIEN WAY #333 MAITLAND, FL 32751	
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7. Name and Address of New Registered Agent Name Michael D. Fess Street Address, P.O. Box Number if Not Acceptable 250 International Pkwy #114 LAKE MARY, FL 32746	
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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> Michael Fess Vice President 1/24/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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**FILE NOW! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAFEE, CABOT L SR. 2200 LUCIEN WAY #333 MAITLAND, FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALHOUN, MICHAEL D 51 OAKLEIGH LANE MAITLAND, FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FESS, MICHAEL D 2200 LUCIEN WAY #333 MAITLAND, FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CABOT L. JAFFEE SR. 250 International Pkwy #114 LAKE MARY FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MICHAEL D. CALHOUN 505 Maitland Ave Suite 1350 Altamonte Springs, FL 32701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Michael D. Fess 250 International Pkwy #114 LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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> Michael Fess Vice President Signature and typed or printed name of signing officer or director	Date 1/24/07 Daytime Phone 407 660 4949