2004 FUK PKUFII CUKPUKATION **ANNUAL REPORT**

DOCUMENT # P01000044708

1. Entity Name

SPRINGWOOD ESTATES DEVELOPMENT



FILED Mar 24, 2004 8:00 am Secretary of State

CORPORATION				TIEST OF THE PERSON NAMED IN COLUMN TO PERSO	03-24-2004 90019 011 ***150.00					
Principal Place of Business		Mailing Address			1					
10440 KEY LANTERN DR NEW PORT RICHEY, FL 34654		10440 KEY LANTERN DR NEW PORT RICHEY, FL 34654								
Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc. 10339 Key Lanten DR		Suite, Apt. #, etc. 10339 Key Lantern DR.		03212004	Chg-P	CR2E034 (10/03)				
City & State		City & State /			4. FEI Numbe 59-300	FEI Number Applied For 59-3009457 Not Applicate			<u></u>	
Zip	Country	Zip	Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. N	lame and Address of Current F	legistered Agent			7. Name and	Address of New Re	egistered Agent			
NATIONAL PARTIES				e			•	•		
WILLIAMS, DAVID W 10440 KEY-LANTERN DR 10440 KEY-LANTERN DR				t-Address (P.O.:Box Numbe	er iş Not Acceptable)	1-2		, , , , , , , , , , , , , , , , , , , ,	
NEW PORT RICHEY, FL 34654				10339 Rey LANTERN DR.						
,			City				FL Z	p Code	3	
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									and accept	
the obligations of registered eggint.										
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE AND W. WIZLIAMS 3/20/04 DATE										
	WIII FEE IS \$150.00	9. Election Campaig Trust Fund Contri			.00 May Be led to Fees		* · * · · · · · ·			
Arter may 1,	2004 Fee will be \$550.0						· Hite	- L		
10.	OFFICERS AND D	DIRECTORS	.11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRE	CTORS	3 IN 11-	
Thate P	1440 DAVOD 144	☐ Delete	TITLE	1:			∑ -€	nange	☐ Addition	
	IAMS, DAVID W D KEY LATERN DR	•	NAME STREET ADDRE	ee 1/	0239 Pa	, lantem	De			
	PORT RICHEY, FL 34654	•	CITY-ST-ZIP	» / '	ربع الدور	rancine				
TITLE VP		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	<u> </u>	_5]_0	hanne	Addition	
NAME WILL	IAMS, DAWN		NAME	[, , , <u>,</u> ,				
STREET ADDRESS 10440	KEY LATERN DR		STREET ADDRE	SS /0	339 Key	, Lautern	DF.			
CITY-ST-ZIP NEW	PORT RICHEY, FL 34654		ÇITY-ST-ZIP							
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STREET ADDRESS	a the section of the		STREET ADDRE	SS						
CITY-ST-ZIP (15)	8 [218] 25 4	-	CITY-ST-ZIP	-			F1	·	F** 4.0-00	
TITLE NAME	BR CT O A	☐ Delete	. TITLE NAME				По	hange	Addition	
STREET ADDRESS			STREET ADDRE	ss.						
CITY ST, ZIP			CITY-ST-Z#P	-		رسید بد تحصیف افاده دد چار انجاز				
· · · · · · · · · · · · · · · · · · ·	nat the information supplied with	thin filing does not qualify for	the evernation	etated in Sc	action 119.07/3V	i) Florido Statutos I	hughar cartify the	at the in	formation	

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.