


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-24-2004 90019 011 ***150.00

DOCUMENT # P01000044708	
1. Entity Name SPRINGWOOD ESTATES DEVELOPMENT CORPORATION	

Principal Place of Business 10440 KEY LANTERN DR NEW PORT RICHEY, FL 34654	Mailing Address 10440 KEY LANTERN DR NEW PORT RICHEY, FL 34654
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2. Principal Place of Business Suite, Apt. #, etc. 10339 Key Lantern DR City & State	3. Mailing Address Suite, Apt. #, etc. 10339 Key Lantern DR City & State
Zip	Country

03212004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3009457

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

6. Name and Address of Current Registered Agent WILLIAMS, DAVID W 10440 KEY LANTERN DR NEW PORT RICHEY, FL 34654	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10339 Key LANTERN DR City FL Zip Code	
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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 *David W. Williams* **DAVID W. WILLIAMS** 3/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, DAVID W 10440 KEY LANTERN DR NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10339 Key Lantern DR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, DAWN 10440 KEY LANTERN DR NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10339 Key Lantern DR
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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: *David W. Williams* **DAVID W. WILLIAMS** 3/20/04 727-243-2726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #