


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000114438**

1. Entity Name  
SPRINGHAVEN BUILDERS, INC.



Principal Place of Business  
14788 SW MARTIN AVE.  
INDIANTOWN, FL 34956

Mailing Address  
P.O. BOX 1107  
INDIANTOWN, FL 34956

**DO NOT WRITE IN THIS SPACE**



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3706060	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BULMER, ROGER A  
14788 SW MARTIN AVE  
INDIANTOWN, FL 34956

**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 \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BULMER, ROGER A 14788 SW MARTIN AVE INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BULMER, PATRICIA A 14788 SW MARTIN AVE INDIANTOWN, FL 34956
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U00000761007  
05/25/07-80037-010 150.00

**DO NOT WRITE IN THIS SPACE**

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: Patricia Bulmer Patricia Bulmer 5-1-07 772-260-4679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #