


APR. 26. 2004 12:05PM

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90199 044 ***150.00

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04232004 Chg-P CR2E034 (10/03)

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|---|---|--|---|---|-----------------------|
| DOCUMENT # P03000129347 | | | |  | |
| 1. Entity Name SPRINGLINE PARTNERS, INC. | | | | | |
| Principal Place of Business 15870 CATALPA COVE DRIVE FORT MYERS, FL 33908 | | | Mailing Address 15870 CATALPA COVE DRIVE FORT MYERS, FL 33908 | | |
| 2. Principal Place of Business | | | 3. Mailing Address 1834 Ballybunion Drive | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State Duluth, Georgia | | |
| Zip | | Country | Zip 30097 | | Country USA |
| 4. FEI Number 20-0378248 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent NOVATTI, JEFF M. 821 5TH AVE SOUTH STE 201 NAPLES, FL 34102 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANDERSEN, JOSEPH G 15870 CATALPA COVE DRIVE FORT MYERS, FL 33908 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P 1834 Ballybunion Drive Duluth, Georgia 30097 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GIALENIS, GEORGE A 955 VINTAGE CLUB DRIVE DULUTH, GA 30097 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/S/T <input type="checkbox"/> Change <input checked="" 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 | |
| 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 | |
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| 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: _____ | | Joseph G. Andersen, President | | 04/26/04 678-417-9903 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |