


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90146 029 \*\*\*150.00

<b>DOCUMENT # P03000129347</b> 1. Entity Name <b>SPRINGLINE PARTNERS, INC.</b>					
Principal Place of Business <b>15870 CATALPA COVE DRIVE</b> <b>FORT MYERS, FL 33908</b>				Mailing Address <b>1834 BALLYBUNLON DR.</b> <b>DULUTH, GA 30097</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>15870 CATALPA COVE DRIVE</b> Suite, Apt. #, etc.			
City & State <b>FORT MEYERS, FL</b>		City & State <b>FORT MEYERS, FL</b>		4. FEI Number <b>20-0378248</b>	
Zip <b>33908</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NOVATTI, JEFF M</b> <b>821 5TH AVE SOUTH STE 201</b> <b>NAPLES, FL 34102</b>				7. Name and Address of New Registered Agent Name <b>NOVATT, JEFF M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>821 FIFTH AVENUE SOUTH - SUITE 201</b> City <b>NAPLES</b>	
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)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSEN, JOSEPH G 1638 BALLYBUNLON DR. DULUTH, GA 30097	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GIALENIOS, GEORGE A 955 VINTAGE CLUB DRIVE DULUTH, GA 30097	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSON, JOSEPH G. 15870 CATALPA COVE DRIVE FORT MEYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSON, JOSEPH G. 15870 CATALPA COVE DRIVE FORT MEYERS, FL 33908	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSON, JOSEPH G. 15870 CATALPA COVE DRIVE FORT MEYERS, FL 33908	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSON, JOSEPH G. 15870 CATALPA COVE DRIVE FORT MEYERS, FL 33908	<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: _____ <b>4-8-05 239-540-0765</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					