


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P04000041536 1. Entity Name SPRING TIME PLAZA, INC. |  |
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|---|---|
| Principal Place of Business 13176 COOPER ROAD SPRING HILL, FL 34609 | Mailing Address 13176 COOPER ROAD SPRING HILL, FL 34609 |
|---|---|

| | | |
|--------------------------------|---------------------|--|
| 2. Principal Place of Business | 3. Mailing Address | 02242005 Chg-P CR2E034 (10/03) |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number 20-0854642 |
| City & State | City & State | Applied For Not Applicable |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent |
| AVENEY, RUSSELL T 13176 COOPER ROAD SPRING HILL, FL 34609 |

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|--|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | | <input type="checkbox"/> Delete |
|----------------------------|----------------------------|---------------------------------|
| TITLE | PSD AVENEY, RUSSELL T | |
| NAME | 13176 COOPER ROAD | |
| STREET ADDRESS | SPRING HILL, FL 34609 | |
| CITY-ST-ZIP | | |
| TITLE | VTD AVENEY, CATHERINE A | <input type="checkbox"/> Delete |
| NAME | 13176 COOPER ROAD | |
| STREET ADDRESS | SPRING HILL, FL 34609 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|--|---------------------------|---------------------------------|-----------------------------------|
| TITLE | U000000295481 | | |
| NAME | 04/09/05-80030-003 150.00 | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 *Russell Aveney* RUSSELL AVENEY x 3/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR