FILED
Apr 03, 2007 8:00 am
Secretary of State
04-03-2007 90015 015 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000132880

1. Entity Name
SPRING LANE, INC.

4b0400100

Principal Place of Business
~~501 PIPER BOULEVARD~~
NAPLES, FL 34110

Mailing Address
~~501 PIPER BOULEVARD~~
NAPLES, FL 34110

03012007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
28 Mentor Dr
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
28 Mentor Dr.
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number
20-1687353
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CALABRESE, LORENZO
~~501 PIPER BOULEVARD~~
NAPLES, FL 34110

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
28 Mentor Dr.
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 [signature] 3-4-07
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PVST CALABRESE, LORENZO ~~501 PIPER BOULEVARD~~ NAPLES, FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	28 mentor Dr	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALABRESE, LORENZO ~~501 PIPER BOULEVARD~~ NAPLES, FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	28 mentor Dr.	☒ Change ☐ Addition
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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: [signature] 3-4-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #