2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000133792

BUEHLER, BÌLL

302 SW 33RD AVENUE

OCALA, FL 34474 US

Name:

Address:

City-St-Zip:

Entity Name: THREE SPRINGS INVESTMENTS, INC.

FILED Apr 21, 2009 Secretary of State

Littly Na	IIIC. ITIKEEK	SPRINGS INVESTIMENTS,	IINC.				
Current Principal Place of Business:				New Principal Place of Business:			
1805 SE 1 OCALA, F	6TH AVE SUI ⁻ L 34471		901 SW 33 AVE OCALA, FL 34474				
Current N	lailing Addre	ı	New Mailing Address:				
1805 SE 16TH AVE SUITE 1301 OCALA, FL 34471				901 SW 33 AVE OCALA, FL 34474			
FEI Number	: 20-1658189	FEI Number Applied For ()	FEI Numb	per Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of (: l	Name and Address of New Registered Agent:				
WILLIAM, 5479 NE 2 OCALA, F	ND LANE	S					
The above in the State	e named entity e of Florida.	submits this statement for t	he purpose of	changing i	ts registe	red office or registered agent, or both,	
SIGNATU	RE:						
	Electro	nic Signature of Registered	Agent			Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().					
OFFICER	,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
Title: Name: Address: City-St-Zip:	BUTLER, WES	AVE STE 1301	N A	Fitle: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (RAMPUTI, WIL 5479 NE 2ND I OCALA, FL 34	LANE	N A	Fitle: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S (GEIS, JOHN 4268 CHARING SARASOTA, FI		N A	Fitle: Name: Address: City-St-Zip:		() Change () Addition	
Title:	т () Delete	т	Fitle:	т	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

BUEHLER, BILL

901 SW 33RD AVENUE

OCALA, FL 34474 US

SIGNATURE: WILLIAM BUEHLER OFFI 04/21/2009