

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90054 003 ***150.00

DOCUMENT # P05000158574

1. Entity Name
SPRINGS PLAZA ENTERPRISES, INC.



Principal Place of Business
**12118 CHANCELLOR BOULEVARD
PORT CHARLOTTE, FL 34287**

Mailing Address
**C/O D&K QUALITY ACCTG & TAX SVC., INC.
2335 J 63RD AVENUE EAST
BRADENTON, FL 34203 US**

40068274



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
710 60TH ST. CT. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032008 Chg-P CR2E034 (12/06)

City & State

City & State
BRADENTON, FL.

4. FEI Number
20-3889928

Applied For
Not Applicable

Zip

Country

Zip

34208

Country

U.S.A

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HECKMAN, DONALD H
2335 J 63RD AVENUE EAST
BRADENTON, FL 34203**

Name

Street Address (P.O. Box Number is Not Acceptable)

710 60TH ST. CT. EAST

City

BRADENTON

FL

Zip Code

34208

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

D. B. Heckman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
**P
DEMILIO-BUCHMAN, MARIE C
12118 CHANCELLOR BOULEVARD
PORT CHARLOTTE, FL 34287** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ Addition

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:

Marie Demilio-Buchman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



941-745-1412

Daytime Phone #