

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000067183

Entity Name: II SPRING CORP.

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

12636 SECOND ISLE
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

12636 SECOND ISLE
HUDSON, FL 34667

New Mailing Address:

FEI Number: 58-2434772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRINGFIELD, RICKY W
12636 SECOND ISLE
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPRINGFIELD, RICKY W
Address: 12636 SECOND ISLE
City-St-Zip: HUDSON, FL 34667

Title: VP () Delete
Name: SPRINGFIELD, CINDY L
Address: 12636 SECOND ISLE
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SPRINGFIELD, RICKY W
Address: 12636 SECOND ISLE
City-St-Zip: HUDSON, FL 34667 US

Title: VP (X) Change () Addition
Name: SPRINGFIELD, CINDY L
Address: 12636 SECOND ISLE
City-St-Zip: HUDSON, FL 34667 US

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.

SIGNATURE: RICKY W. SPRINGFIELD

PD

04/29/2007

Electronic Signature of Signing Officer or Director

Date