

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000115481

Entity Name: INSTANT WELLSPRINGS, INC.

FILED  
Jul 10, 2008  
Secretary of State

## Current Principal Place of Business:

3333 MONUMENT ROAD  
SUITE 609  
JACKSONVILLE, FL 32225

## New Principal Place of Business:

## Current Mailing Address:

3333 MONUMENT ROAD  
SUITE 609  
JACKSONVILLE, FL 32225

## New Mailing Address:

FEI Number: 39-2064371      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RIVERS, ARNOLD  
3333 MONUMENT ROAD  
SUITE 609  
JACKSONVILLE, FL 32225 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RIVERS, ARNOLD  
Address: 3333 MONUMENT ROAD, SUITE 609  
City-St-Zip: JACKSONVILLE, FL 32225

Title: S ( ) Delete  
Name: STEPHENSON, FELICIA  
Address: 3333 MONUMENT ROAD, SUITE 609  
City-St-Zip: JACKSONVILLE, FL 32225

Title: T ( ) Delete  
Name: RIVERS, ARNOLD  
Address: 3333 MONUMENT ROAD, SUITE 609  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARNOLD RIVERS

PD

07/10/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date