

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000013175

FILED
Jan 10, 2009
Secretary of State

Entity Name: BLUE SPRINGS PROPERTIES, INC.

Current Principal Place of Business:

6517 NW 16TH PLACE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

6517 NW 16TH PLACE
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: 59-3174637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLWANGER, THOMAS J
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA, FL 33602 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: D () Delete
Name: BARR, HARRY E
Address: 6517 NW 16TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: BARR, ROINA
Address: 6517 NW 16TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: DAVIS, KIMBERLY J
Address: 7460 NE 55TH AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D () Delete
Name: BARR, HARRY M
Address: 1685 NW 71ST STREET
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BARR, ROINA B
Address: 6517 NW 16TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

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: KIMBERLY J. DAVIS

D

01/10/2009

Electronic Signature of Signing Officer or Director

_____ Date