# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # P94000066789**

1. Entity Name

SPRINGBOARD CAPITAL MANAGEMENT, INC.



Principal Place of Business

4905 BELFORT ROAD

SUITE 110 JACKSONVILLE, FL 32256 Mailing Address

4905 BELFORT ROAD

SUITE 110

JACKSONVILLE, FL 32256

## FILED Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90063 021 \*\*\*150.00

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### DO NOT WRITE IN THIS SPACE

04022007 No Chg-P CR2E034 (11/05)

4. FEI Number		Applied For
59-3270210		Not Applicable
5. Certificate of Status Desired	□ \$8.7	5 Additional

Fee Required

6. Name and Address of Current Registered Agent

ROSSITER, ALAN W 4905 BELFORT ROAD SUITE 110 JACKSONVILLE, FL 32256

# DO NOT WRITE IN THIS SPACE

SIGNATURE Signature, hypod or printed when or registered agent and life if accircative (NOTE: Registered Agent segnature required when reinstating)  PILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. PROSSITER, ALAN W 4905 BELFORT ROAD JACKSONVILLE, FL 32256  11. CLARKSON, CHARLES 3100 UNIVERSITY BLVD SUITE 200 JACKSONVILLE, FL 32216  11. LAFSER, PETE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257  DO NOT WRITE INTE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257  DO NOT WRITE INTE INTE INTHIS SPACE	8. The above named entity submits this statement for the purpose of changin the obligations of registered agent.  • The above named entity submits this statement for the purpose of changing the obligations of registered agent.	ng its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.  OFFICERS AND DIRECTORS  IIILE PAME ROSSITER, ALAN W STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256  IIILE C CLARKSON, CHARLES STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216  IIILE - D - NAME LAFSER, PETE STREET ADDRESS GITY-ST-ZIP JACKSONVILLE, FL 32257  IIILE NAME STREET ADDRESS GITY-ST-ZIP JACKSONVILLE, FL 32257  DO NOT WRITE IIILE NAME STREET ADDRESS		(NOTE: Registered Agent signature required when reinstating)  DATE
TITLE NAME ROSSITER, ALAN W 4905 BELFORT ROAD JACKSONVILLE, FL 32256  TITLE C NAME STREET ADDRESS CITY-ST-ZIP JACKSON, CHARLES 3100 UNIVERSITY BLVD SUITE 200 JACKSONVILLE, FL 32216  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257  DO NOT WRITE ITTLE NAME STREET ADDRESS	FILE NOTE:: FEE 13 \$ 130.00	
NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS STREET ADDRESS  LAFSER, PETE 9310 OLD KINGS RD S, BLDG 201 JACKSONVILLE, FL 32257  DO NOT WRITE IN THIS SPACE	TISLE P NAME ROSSITER, ALAN W STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 TITLE C NAME CLARKSON, CHARLES STREET ADDRESS 3100 UNIVERSITY BLVD SUITE 200	
	NAME STREET ADDRESS GITY-ST-ZIP JACKSONVILLE, FL 32257  IIILE NAME STREET ADDRESS	
IIILE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS	
THLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP	life for the comparison appraised in Cheste 110 Florida Chauses Life the control of the control

12. Thereby certify that the information supplied with this filling 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANAL W- KOSSITELL

4-13-07

904-730-4700

Daytime Phone #