

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90083 001 ***150.00

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1. Entity Name

SPRING HILL VILLAGE, INC.



Principal Place of Business

23335 NW CR 236
 BY
 HIGH SPRINGS FL 32643

Mailing Address

P O DRAWER 1740
 HIGH SPRINGS FL 32655



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3516301

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WELLBORN, WALTER H
 1025-3 N MAIN ST
 HIGH SPRINGS FL 32643

Name

Wellborn, Walter H.

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

23335 NW CR 236

Suite 20

City

High Springs

FL

Zip Code

32643

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 D Delete
 NAME WELLBORN, WALTER H
 STREET ADDRESS 1025-3 N MAIN ST
 CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE DIP Change Addition
 NAME Wellborn, Walter H.
 STREET ADDRESS 23335 NW CR 236 - Ste. 20
 CITY-ST-ZIP High Springs, FL 32643

TITLE D Delete
 NAME WELLBORN, HILLARY H
 STREET ADDRESS 1025-3 N MAIN ST
 CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE DIP Change Addition
 NAME Wellborn, Hillary H.
 STREET ADDRESS 23335 NW CR 236 - Ste. 20
 CITY-ST-ZIP High Springs, FL 32643

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Walter H. Wellborn 4-7-06 386-454-1469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #