


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000011841

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

DO NOT WRITE IN THIS SPACE



02202007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3516301

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WELLBORN, WALTER H
23335 NW CR 236
STE 20
HIGH SPRINGS, FL 32643

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WELLBORN, WALTER H 23335 NW CR 236, STE 20 HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WELLBORN, HILLARY H 23335 NW CR 236, STE 20 HIGH SPRINGS, FL 32643
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 03/05/07-80005-003 150.00

12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Walter H. Wellborn** 386-454-1469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-21-07** Daytime Phone # _____