


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000011841 1. Entity Name SPRING HILL VILLAGE, INC.	
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Principal Place of Business 23335 NW CR 236 BY HIGH SPRINGS, FL 32643	Mailing Address P O DRAWER 1740 HIGH SPRINGS, FL 32655
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DO NOT WRITE IN THIS SPACE



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3516301	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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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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:  **2-14-08** **386-454-1469**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Walter H. Wellborn