

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90004 050 \*\*\*150.00

**DOCUMENT # P98000003851**

1. Entity Name

SPRING HILL MANAGEMENT SPECIALISTS, INC.



Principal Place of Business

152 WHITAKER ROAD  
LUTZ, FL 33549

Mailing Address

PO BOX 1530  
LUTZ, FL 33548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3520411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRITT, JAMES D  
152 WHITAKER ROAD  
LUTZ, FL 33549

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME BRITT, JAMES ☐ Delete  
STREET ADDRESS 2109 BAYSHORE BLVD., PH-1  
CITY-ST-ZIP TAMPA, FL 33606

TITLE CFO  
NAME SARABIA, GARY ☐ Delete  
STREET ADDRESS 1247 KAYAK COVE  
CITY-ST-ZIP LUTZ, FL 33559

TITLE VP  
NAME GORMAN, JOHN D ☐ Delete  
STREET ADDRESS 1649 LYNFIELD  
CITY-ST-ZIP LUTZ, FL 33549

TITLE S  
NAME MARTIN, THOMAS P ☐ Delete  
STREET ADDRESS 12103 CHESTER TERRACE CT  
CITY-ST-ZIP TAMPA, FL 33626

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 12709 BURMAH CT.  
CITY-ST-ZIP ODESSA, FL 33556

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

*GARY SARABIA* GARY SARABIA CFO

4/3/06

813-948-8157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #