2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000003851

1. Entity Name
SPRING HILL MANAGEMENT SPECIALISTS, INC.

Principal Place of Business	Mailing Address
152 WHITAKER ROAD LUTZ, FL 33549	PO BOX 1530 LUTZ, FL 33548

DO NOT WRITE IN THIS SPACE

03102008 No 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

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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, 2008 Fee will be $550.00

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

U00000858074
04/01/08-80030-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BRITT, JAMES
STREET ADDRESS	2109 BAYSHORE BLVD., PH-1
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	CFO
NAME	SARABIA, GARY
STREET ADDRESS	1247 KAYAK COVE
CITY-ST-ZIP	LUTZ, FL 33559
TITLE	VP
NAME	GORMAN, JOHN D
STREET ADDRESS	1649 LYNSFIELD
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	S
NAME	MARTIN, THOMAS P
STREET ADDRESS	12709 BURMAN CT
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gary Sarabia 3/10/08 813-948-8157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #