FILED
Apr 27, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000107801

1. Entity Name
HIGH SPRINGS HOLDINGS, INC.

Principal Place of Business	Mailing Address
8420 N.W. STATE ROAD 45 HIGH SPRINGS, FL 32655	8420 N.W. STATE ROAD 45 HIGH SPRINGS, FL 32655

04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3550754
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINELLI, FRANCINE
8420 N.W. STATE ROAD 45
HIGH SPRINGS, FL 32655

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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 name/address)

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	VP
NAME	RILEY, WILLIAM T
STREET ADDRESS	8420 N.W. STATE ROAD 45
CITY-ST-ZIP	HIGH SPRINGS, FL 32655
TITLE	P
NAME	MARTINELLI, FRAN
STREET ADDRESS	8420 N.W. STATE ROAD 45
CITY-ST-ZIP	HIGH SPRINGS, FL 32655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/06-80105-011 150.00

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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: Francine Martinelli PRES April 24, 06 386-454-2978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #