

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000039462

1. Entity Name

SPRING PARK, INC.



Principal Place of Business
**2943 SPRING PARK ROAD
JACKSONVILLE FL 32207**

Mailing Address
**12854 JEBB ISLAND CIRCLE S.
JACKSONVILLE FL 32224**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-3573201

Applied For
Not Applying

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPLAN, HOWARD A
6260 DUPONT STATION COURT
SUITE C
JACKSONVILLE FL 32217**

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 agree to, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May**
Trust Fund Contribution. ☐ **Added to Fee**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DVP
RUBENZER, DAVID
12854 JEBB IS CIR. S
JACKSONVILLE FL 32224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**UN00000473265
03/31/06-80009-024 150.00** ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DP
LEMMON, STEVEN
12854 JEBB IS CIR.
JACKSONVILLE FL 32224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**TSD
LEMMON, KAY M
12854 JEBB ISLAND CIR. S.
JACKSONVILLE FL 32224** ☐ Delete

TITLE
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CITY-STATE-ZIP
☐ Change ☐ Add

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Steven Lemmon**

3-13-06 904-710-5955