## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000039462

LEMMON, KAY M

12854 JEBB ISLAND CIR. S.

JACKSONVILLE, FL 32224

Name:

Address: City-St-Zip:

Entity Name: SPRING PARK, INC.

FILED Apr 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12854 JEBB ISLAND CIRCLE SOUTH JACKSONVILLE, FL 32224 **Current Mailing Address: New Mailing Address:** 12854 JEBB ISLAND CIRCLE SOUTH JACKSONVILLE, FL 32224 FEI Number: 59-3573201 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAPLAN, HOWARD A 6260 DUPONT STATION COURT SUITE C JACKSONVILLE, FL 32217 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DVP () Delete Title: () Change () Addition RUBENZER, DAVID Name: Name: 12854 JEBB IS CIR. S Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: Title: DP Title: () Delete () Change () Addition Name: LEMMON, STEVEN Name: 12854 JEBB IS CIR. Address: Address: JACKSONVILLE, FL 32224 City-St-Zip: City-St-Zip: Title: Title: TSD ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: STEVEN H. LEMMON DP 04/16/2009