## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # S04270**

1. Entity Name



**FILED** Mar 06, 2006 8:00 am Secretary of State 03-06-2006 90027 047 \*\*\*150.00

SPRINGS, INC.									
Principal Place of Business 26801 OLD 41 ROAD STE 3 BONITA SPRINGS, FL 34135 US		Mailing Address PO BOX 2372 BONITA SPRINGS, FL 34133-2372 US							10 <b>5</b> 1 (1 200)
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052006	Chg-P	CR2E03	4 (11/05)	
City & State		City & State			4. FEI Numb 65-018				plied For t Applicable
Zip	Country	Zip	Countr	у	5. Certificate	of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	legistered A	gent	
BUENNAGEL, DONALD R.				Name					
	ITA BEACH RD	Street Addres			(P.O. Box Numb	er is Not Acceptable	е)		
	PRINGS, FL 34134								- 1
<b>*</b>				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	Signature, typed or printed name of registered agent a	Agent signature require	red when reinstating)		OATE				
FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Trust Fu					5.00 May Be dded to Fees				
10.			11.		ADDITIONS	CHANGES TO OFF	ICERS AND		
TITLE NAME			TITLE	İ				☐ Change	Addition
STREET ADDRESS	ESS 9953 COLONIAL WALK NORTH		STREET	T ADDRESS					1
CITY-ST-ZIP	ESTERD, FL 33938		CITY-S	ST-ZIP		<del></del>		_	
TITLE NAME	D Delete HEATH, DAVID F.		TITLE					Change	☐ Addition
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			City-s	ST-ZIP					
TITLE NAME	DCEO Delete BUENNAGEL, DONALD R.		TITLE					☐ Change	☐ Addition
STREET ADDRESS	4835 BONITA BEACH RD.210			T ADDRESS					
CITY-ST-ZIP	BONITA SPRINGS, FL		CITY-S	ST-ZIP					
TITLE NAME	D BUÉNNAGEL, JOANNE	Delete	ITILE					☐ Change	☐ Addition
STREET ADDRESS	4835 BONITA BEACH RD.210		NAME STREE	T ADDRESS					
CITY-ST-ZIP	BONITA SPRINGS, FL		CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAME	T ADDRESS					
CITY-ST-ZIP			CITY-S						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME	T ADDRESS					
CITY-ST-ZIP			CITY-S	1					
42 Lharabu	certify that the information symplical with	Abia filing at an analysis for	45			0.51	1 6 - 41	Contract the Co	

r nereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR