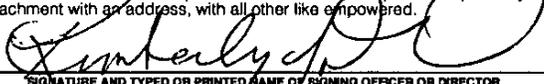


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90052 018 ***150.00

DOCUMENT # V11489					
1. Entity Name BLUE SPRINGS PARK, INC.					
Principal Place of Business 7450 NE 60TH ST HIGH SPRINGS, FL 32643		Mailing Address P.O. BOX 331 HIGH SPRINGS, FL 32643			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3103981	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLWANGER, THOMAS J. 501 EAST KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARR, HARRY E.		NAME		
STREET ADDRESS	P O BOX 9 N/A		STREET ADDRESS	6517 NW 16th Place	
CITY-ST-ZIP	PORT ST JOE, FL		CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARR, ROINA		NAME		
STREET ADDRESS	P O BOX 9 NA		STREET ADDRESS	6517 NW 16th Place	
CITY-ST-ZIP	PORT ST JOE, FL		CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, KIMBERLY J.		NAME		
STREET ADDRESS	7460 NE 55TH AVE		STREET ADDRESS		
CITY-ST-ZIP	HIGH SPRINGS, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARR, H MATTISON		NAME		
STREET ADDRESS	1635 NW 71ST ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date: 3/15/05		Daytime Phone #: 586-454-1185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Kimberly J. Davis					