2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V11489

FILED Mar 06, 2006 Secretary of State

Entity Nan	ne: BLUES	PRINGS PARK, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
7450 NE 60 HIGH SPRI	OTH ST INGS, FL 32	643					
Current Mailing Address:				New Mailing Address:			
P.O. BOX 331 HIGH SPRINGS, FL 32643			P.O. BOX 331 HIGH SPRINGS, FL 32655				
FEI Number:	59-3103981	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
501 EAST I SUITE 1700	ER, THOMA KENNEDY B) . 33602 US						
The above in the State		submits this statement for the pu	urpose o	f changing it	s registered	d office or registered agent, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent						Date	
Election Carr	ıpaign Financiı	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP (BARR, HARR' 6517 NW 16T GAINESVILLE	H PLACE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DV (BARR, ROINA 6517 NW 16T TAMPA, FL 3	H PLACE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S (DAVIS, KIMBE 7460 NE 55TH HIGH SPRING	1 AVE		Title: Name: Address: City-St-Zip:	DAVIS, KIME 7460 NE 551		
Title:	т () Delete		Title:	т	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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:

BARR, H MATTISON

GAINESVILLE, FL 32605

1635 NW 71ST ST

SIGNATURE: KIMBERLY J. DAVIS S 03/06/2006

BARR, H MATTISON

1635 NW 71ST ST

GAINESVILLE, FL

Name:

Address:

City-St-Zip: