

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90099 031 ***150.00

DOCUMENT # V58845 1. Entity Name SEVEN SPRINGS REALTY, INC.	
---	---

Principal Place of Business 8726 OLD CR 54 4421 MADISON ST. SUITE # 101 NEW PORT RICHEY, FL 34653 34652	Mailing Address 8726 OLD CR 54 4421 MADISON ST. SUITE # 101 NEW PORT RICHEY, FL 34653 34652
---	---



02082008 No Chg-P CR2E034 (11/05)

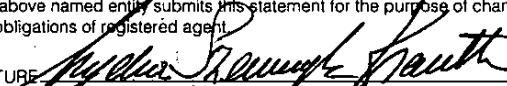
4. FEI Number 59-3143731	Applied For ☐ Not Applicable
------------------------------------	--

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KRAUTH SZEWCZYK, LYDIA 8726 STATE ROAD 54 4421 MADISON ST. SUITE # 101 NEW PORT RICHEY, FL 34653 34652
--

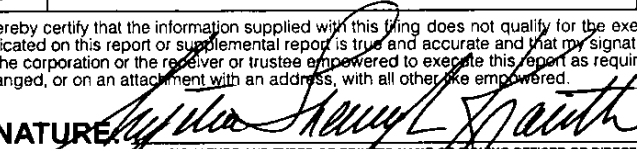
**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
---	------

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SZEWCZYK-KRAUTH, LYDIA 8726 OLD CR 54, STE A 4421 MADISON ST. STE 101 NEW PORT RICHEY, FL 34653 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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	4-9-2008 Date	727-842-7070 Daytime Phone #
--	-------------------------	--