

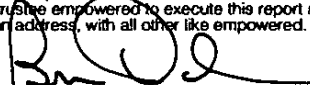


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90108 035 \*\*\*\*61.25

<b>DOCUMENT # 712753</b>					
1. Entity Name 520 SPRING AVENUE, INC.					
Principal Place of Business 520 SPRING AVE ANNA MARIA, FL 34216-4127 US			Mailing Address P O BOX 4127 ANNA MARIA, FL 34216-4127 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBERTS, DEBBI 520 SPRING AVENUE 1 ANNA MARIA, FL 34216			Name <b>DAHMS, BRIAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>160 CRESCENT Drive (Po Box 251)</b> City <b>Anna Maria</b> FL Zip Code <b>34216</b>		
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 <b>BRIAN DAHMS TREASURER</b>				DATE <b>7-20-05</b>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SP	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHT, WILLIAM & JEAN		NAME	Bright, Joan	
STREET ADDRESS	4534 FERN DRIVE		STREET ADDRESS	520 SPRING AVE	
CITY - ST - ZIP	BRADENTON, FL		CITY - ST - ZIP	ANNA MARIA FL 34216	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT, ROBERT & DEBBI		NAME	DAHMS BRIAN	
STREET ADDRESS	520 SPRING AVE 1		STREET ADDRESS	160 CRESCENT DR	
CITY - ST - ZIP	ANNA MARIA, FL		CITY - ST - ZIP	ANNA MARIA FL 34216	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, GERALDYNE H		NAME	MAUREN DAHMS	
STREET ADDRESS	9230 HALL RD		STREET ADDRESS	160 CRESCENT DR	
CITY - ST - ZIP	LAKELAND, FL		CITY - ST - ZIP	ANNA MARIA FL 34216	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINERNEY, GEORGE		NAME	MCINERNEY, GEORGE	
STREET ADDRESS	500 SPRING AVENUE		STREET ADDRESS	2716 SEASIDE ST.	
CITY - ST - ZIP	ANNA MARIA, FL 34216		CITY - ST - ZIP	SARASOTA FL 34231	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIN, PAT & PETER		NAME		
STREET ADDRESS	520 SPRING AVE		STREET ADDRESS		
CITY - ST - ZIP	ANNA MARIA, FL 34216		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 617, 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 <b>7-20-05</b> DAYTIME PHONE # <b>941-778-0542</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE DAYTIME PHONE #	