


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

05-26-2005 90028 021 ***150.00

DOCUMENT # P00000005394	
1. Entity Name SPARKILL, INC.	

Principal Place of Business 344 S. HIGHLAND ST. MOUNT DORA, FL 32757	Mailing Address 344 S. HIGHLAND ST. MOUNT DORA, FL 32757
--	--

DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3624790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COUGHTRY, SUE ELLEN
1843 OVERLOOK DRIVE
MOUNT DORA, FL 32757

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COUGHTRY, SUE E 1843 OVERLOOK DR MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUENTHER, GERARD G JR 2055 OVERLOOK DR. MOUNT DORA, FL 32757
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 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: *GGGuenther, Jr. U.P.* 5/18/05 352-735-9841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #