


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90066 036 ***150.00

DOCUMENT # P96000089012
 1. Entity Name
SPARKMARK, INC.



Principal Place of Business
**220 PARK LANE WEST
 LAKE ALFRED FL 33580**

Mailing Address
**PO BOX 742
 AUBURNDALE FL 33823**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State
 Zip Country

4. FEI Number **59-3411148**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BROWN, SPARLIN L
 220 PARK LANE WEST
 LAKE ALFRED FL 33580**

7. Name and Address of New Registered Agent
 Name **MARK A. JONES**
 Street Address (P.O. Box Number is Not Acceptable)
1208 LYNN AVE
 City **Auburndale** FL Zip Code **33823**

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  DATE **4/25/05**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, SPARLIN L	
STREET ADDRESS	220 PARK LANE WEST	
CITY-ST-ZIP	LAKE ALFRED FL 33580	
TITLE	V	<input type="checkbox"/> Delete
NAME	PARR, JEFF	
STREET ADDRESS	3015 WASHINGTON AVE	
CITY-ST-ZIP	PASCAGOULA MS 39567	
TITLE	V	<input checked="" type="checkbox"/> Delete DELETE
NAME	ARGO, RICHARD	
STREET ADDRESS	522 GREEN BRIAR BLVD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JONES, MARK A	
STREET ADDRESS	1208 LYNN AVE	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		


11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4/25/05**
 863-967-
 0636 EXT 187
DATE TIME PHONE #