
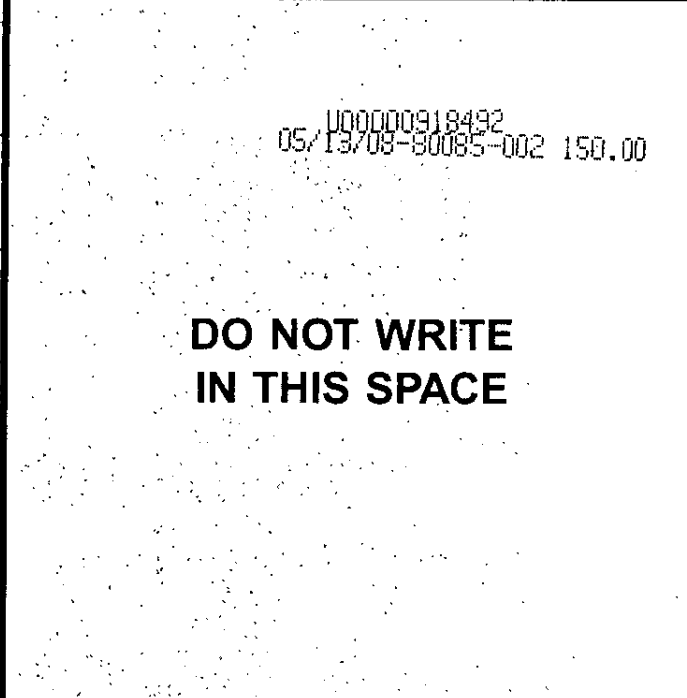
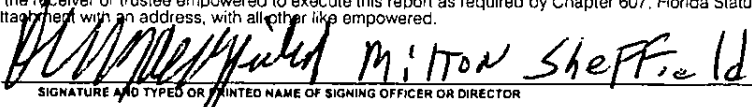


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 201929 1. Entity Name SPARTAN SALES, INC.			
Principal Place of Business 8406 N. 40TH STREET TAMPA, FL 33604		Mailing Address 8406 N. 40TH STREET TAMPA, FL 33604	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 59-0945023	
		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 SHEFFIELD, MILTON 8406 N. 40TH ST. TAMPA, FL 33604			
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD	 U00000918492 05/13/08-80085-002 150.00 DO NOT WRITE IN THIS SPACE	
NAME	SHEFFIELD, MILTON		
STREET ADDRESS	8406 N. 40TH STREET		
CITY-ST-ZIP	TAMPA, FL		
TITLE	D		
NAME	SHEFFIELD, SHARON L		
STREET ADDRESS	8406 40TH STREET		
CITY-ST-ZIP	TAMPA, FL 33604		
TITLE	VD		
NAME	SHEFFIELD, JOHN P		
STREET ADDRESS	8406 N. 40TH STREET		
CITY-ST-ZIP	TAMPA, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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:  MILTON SHEFFIELD		Date: 4-21-08 (813) 985-6050	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	