

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 280590

1. Entity Name

SPARGO ENTERPRISES, INC.



Principal Place of Business

13310 PALOMA DR
ORLANDO FL 32837
US

Mailing Address

13310 PALOMA DR
ORLANDO FL 32837
US



1st MOORE

CR2E034 (10/05)

4. FEI Number
59-1039187

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPARGO, CHARLES H
13310 PALOMA DR
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 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 ☐ Delete

NAME SPARGO, DAVID C.
STREET ADDRESS 13310 PALOMA DR.
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Delete

NAME SPARGO, DIANE J
STREET ADDRESS 13310 PALOMA DR.
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Delete

NAME SPARGO, CHARLES H
STREET ADDRESS 13310 PALOMA DR.
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Delete

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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TITLE ☐ Change ☐ Add

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 Section 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:

Diane J. Spargo
DIANE J. SPARGO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-06 407-888-5995

Date

Daytime Phone #