

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 325315

1. Entity Name

SPARKS CRANE SERVICE INC



Principal Place of Business

11410 - 58TH ST NORTH
PINELLAS PARK FL 34666

Mailing Address

11410 - 58TH ST NORTH
PINELLAS PARK FL 34666

2. Principal Place of Business

Suite, Apt #, etc

City & State

Zip

Country

3. Mailing Address

Suite, Apt #, etc

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-0917661

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPARKS, NANCY C
11410 58TH STREET NORTH
PINELLAS PARK FL 33565

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, 2004 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 PD
NAME SPARKS, NANCY C.
STREET ADDRESS 11410 58TH ST NORTH
CITY - ST - ZIP PINELLAS PARK, FL 00000 ☐ Delete

TITLE V
NAME GUNN, BENJAMIN D.
STREET ADDRESS 5605 W.O. GRIFFIN RD.
CITY - ST - ZIP PLANT CITY FL 33567 ☐ Delete

TITLE ST
NAME PERKINS, MARIAN RUTH
STREET ADDRESS 5826 W. FARKAS ROAD
CITY - ST - ZIP PLANT CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
1100000029140
02/04/04-80055-008 150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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:

Nancy C Sparks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-22-04 (727) 544-8845

Daytime Phone *