

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90021 042 \*\*\*150.00

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

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 **Ray G. Anthony**

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

**11410 58th Street North**

City **Pinellas Park**

**FL**

Zip Code

**33565**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition  
NAME **Ray G. Anthony**  
STREET ADDRESS **11410 58th Street North**  
CITY-ST-ZIP **Pinellas Park, FL 33565**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-1-06**