

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90166 010 \*\*\*150.00

**DOCUMENT # 670575**

1. Entity Name  
SPORRAN, INC.



Principal Place of Business  
1050 RIVERSIDE AV  
JACKSONVILLE, FL 32204 US

Mailing Address  
~~PO BOX 4550~~ 1050 RIVERSIDE AV  
JACKSONVILLE, FL 32204 US



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2018234

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

TAYLOR, JAMES S.  
1050 RIVERSIDE AVE  
JACKSONVILLE, FL 32204

**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 \_\_\_\_\_

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME TAYLOR, JAMES S  
STREET ADDRESS 1050 RIVERSIDE AVE  
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES S. TAYLOR

Date

Daytime Phone #

01/09/06 904-354-9000