## 2007 FOR PROFIT CORPORATION . ANNUAL REPORT

## Mar 14, 2007 08:00 AM **DOCUMENT #670575 Secretary of State** 1. Entity Name SPORRAN, INC. Principal Place of Business Mailing Address 1050 RIVERSIDE AV 1050 RIVERSIDE AV. JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 US CR2E034 (11/05) 03082007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2018234 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TAYLOR, JAMES S. 1050 RIVERSIDE AVE JACKSONVILLE, FL 32204 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 Synature, typed or printed name of registered agent and title if approable. (NOTE: Registered Agent signature required when remetating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE TAYLOR, JAMES 8 NAME STREET ADDRESS 1050 RIVERSIDE AVE CITY-ST-ZIP JACKSONVILLE, FL 32204 TITLE NAME STREET ADDRESS U00000665752 CITY-ST-ZIP 03/23/07-80042-015 150.00 TITLE MALE STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADORESS CITY-ST-ZIP TITLE ٠.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida 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 employered 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:

NAME STREET ADDRESS CITY-ST-ZIP

NORTH AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTO

03/04/2007

9,04 -354-9000

FILED