

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F88519

FILED
Apr 24, 2007
Secretary of State

Entity Name: SPRINKLE CONSULTING, INC.

Current Principal Place of Business:

18115 US HIGHWAY 41 NORTH
600
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

18115 US HIGHWAY 41 NORTH
600
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 59-2200597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRINKLE, ROBERT R.
18115 US HIGHWAY, 41 NORTH, STE. 600
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: SPRINKLE, ROBERT R.,
Address: 18115 US HIGHWAY 41 NORTH, STE. 600
City-St-Zip: LUTZ, FL

Title: VSD () Delete
Name: SPRINKLE, JUDITH W.,
Address: 18115 US HIGHWAY 41 NORTH, STE. 600
City-St-Zip: LUTZ, FL

Title: VD () Delete
Name: LANDIS, BRUCE W.,
Address: 18115 US HWY 41 NORTH, STE. 600
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: LANDIS, DIANE S
Address: 18115 US HWY 41 N STE 600
City-St-Zip: LUTZ, FL 33549

Title: V () Delete
Name: NICHOLS, CELIA R
Address: 18115 US HWY 41 N. STE 600
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT R. SPRINKLE

MR

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date