

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Aug 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000004701**

1. Entity Name  
VINING-SPARKS SECURITIES, INC.



Principal Place of Business  
775 RIDGE LAKE BLVD.  
2ND FLOOR  
MEMPHIS, TN 38120

Mailing Address  
775 RIDGE LAKE BLVD.  
2ND FLOOR  
MEMPHIS, TN 38120



07282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
62-1112510

Applied For  
Not Applicable

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

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

WARD, ROBERT J  
500 W. CYPRESS CREEK RD, SUITE 220  
FT LAUDERDALE, FL 33309

**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 \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000956882  
08/01/08-80004-005 550.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CP  
VINING, JAMES L  
775 RIDGE LAKE BLVD., 2ND FLOOR  
MEMPHIS, TN 38120

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SCOTT, FRANCIS J  
775 RIDGE LAKE BLVD., 2ND FLOOR  
MEMPHIS, TN 38120

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
LEVINGSTON, LARRY B  
775 RIDGE LAKE BLVD., 2ND FLOOR  
MEMPHIS, TN 38120

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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 information.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-29-08 901 762-5807