

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G47242

Entity Name: SPARROW HOMES, INC.

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

1024 SE 4TH AVE  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 101132  
CAPE CORAL, FL 33910

**New Mailing Address:**

FEI Number: 59-2312522      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMON, L. COLLEEN  
1024 S.E. 4TH AVE.  
CAPE CORAL, FL 33910      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: PD ( ) Delete  
Name: SIMON, L. COLLEEN  
Address: 1024 S.E. 4TH AVE.  
City-St-Zip: CAPE CORAL, FL

Title: EVP ( ) Delete  
Name: SHIREY, JOHN A  
Address: 23151 TUCKAHOE RD  
City-St-Zip: ALVA, FL 33920

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: L. COLLEEN SIMON

PD

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date