

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # G89004

1. Entity Name
SPARKS THEATRES, INC.



Principal Place of Business
**101 W CALL ST
STARKE, FL 32091 US**

Mailing Address
**PO BOX 1027
STARKE, FL 32091 US**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2383553

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPARKS, VICKI B.
1063 BESSANT RD
STARKE, FL 32091**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000633656
02/28/07-80034-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SPARKS, BOBBY LEE
STREET ADDRESS	1063 BESSANT ROAD
CITY- ST- ZIP	STARKE, FL
TITLE	VP
NAME	SPARKS, VICKI
STREET ADDRESS	1063 BESSANT RD
CITY- ST- ZIP	STARKE, FL
TITLE	ST
NAME	OBRIAN, BARBARA
STREET ADDRESS	HARLEY DRIVE
CITY- ST- ZIP	STARKE, FL
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 empowered.

SIGNATURE:

Vicki B Sparks *Vicki B Sparks* *2-16-07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

904-964-4030