

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G89004

FILED
Jan 07, 2008
Secretary of State

Entity Name: SPARKS THEATRES, INC.

Current Principal Place of Business:

101 W CALL ST
STARKE, FL 32091 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1027
STARKE, FL 32091 US

New Mailing Address:

FEI Number: 59-2383553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPARKS, VICKI B.
1063 BESSENT RD
STARKE, FL 32091 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: P () Delete
Name: SPARKS, BOBBY LEE
Address: 1063 BESSENT ROAD
City-St-Zip: STARKE, FL

Title: VP () Delete
Name: SPARKS, VICKI
Address: 1063 BESSENT RD
City-St-Zip: STARKE, FL

Title: ST () Delete
Name: OBRIAN, BARBARA,
Address: HARLEY DRIVE
City-St-Zip: STARKE, FL

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:

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: BOBBY LEE SPARKS

PRES

01/07/2008

Electronic Signature of Signing Officer or Director

Date