


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # H87508 1. Entity Name SPRINKLE, SEELEY & SPRINKLE, INC.	
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Principal Place of Business 18115 U.S. HWY 41 NORTH SUITE 600 LUTZ, FL 33549	Mailing Address 18115 U.S. HWY 41 NORTH SUITE 600 LUTZ, FL 33549
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03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2621448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPRINKLE, ROBERT R. 18115 US HWY 41 NORTH SUITE 600 LUTZ, FL 33549
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**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPRINKLE, JUDITH W. 1001 HASTINGS COURT LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPRINKLE, ROBERT R. 1001 HASTINGS COURT LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEELEY, RONALD L 3000 W MARTIN LUTHER KING BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MUTOLO, SANDRA 1014 HASTINGS CT LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/05-80120-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert R. Sprinkle 4/28/05 (813) 949-7449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #