2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

GERAINS G

GUENTHER, DIRECTOR

Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # P00000005394** 04-28-2004 90188 031 ***150.00 1. Entity Name SPARKILL, INC. Principal Place of Business Mailing Address 344 S. HIGHLAND ST. 344 S. HIGHLAND ST. MOUNT DORA, FL 32757 MOUNT DORA, FL 32757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FELNumber 59-3624790 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COUGHTRY, SUE ELLEN Street Address (P.O. Box Number is Not Acceptable) 1843 OVERLOOK DRIVE MOUNT DORA, FL 32757 Zip Code 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees Literatur Aparic <u>Cara Araba</u> OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11". ... 10. -----Change --- -- Addition ☐ Delete TITLE TITLE COUGNTRY, SUE E NAME MAME 1843 OVERLOOK DR STREET ADDRESS STREET ADDRESS MOUNT DORA, FL. 32757 CITY-ST-ZIP CITY-ST-ZIP DIRECTOR Delete TITLE ☐ Change X Addition TITLE GERARD G. GUENTHER, IR NAME NAME 2055 OVERLOOK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MOUNT DORA, FL Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 fixe empowered. SIGNATURE: IE OF SIGNING OFFICER OF DIRECTOR Claytime Phone i

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