



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90188 031 ***150.00

DOCUMENT # P0000005394			
1. Entity Name SPARKILL, INC.		Principal Place of Business 344 S. HIGHLAND ST. MOUNT DORA, FL 32757	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 344 S. HIGHLAND ST. MOUNT DORA, FL 32757	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent COUGHTRY, SUE ELLEN 1843 OVERLOOK DRIVE MOUNT DORA, FL 32757		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/03	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COUGHTRY, SUE E 1843 OVERLOOK DR MOUNT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GERARD G. GUENTHER, JR 2055 OVERLOOK DR MOUNT DORA, FL 32757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: 4/24/04	
GERARD G GUENTHER, DIRECTOR		Daytime Phone #	