## 2005 FOR PROFIT CORPORATION ANNUAL REPORT



Feb 03, 2005 8:00 am Secretary of State

**FILED** 

DOCUMENT # P00000114646  1. Entity Name KENNINGTON SPARKS, P.A.						02-03-2005 90034 022 ***150.00					
Principal Place of Business 6273 DUPONT STATION COURT JACKSONVILLE, FL 32217-2513			Mailing Address 6273 DUPONT STATION COURT JACKSONVILLE, FL 32217-2513								
2. Principal Place of Business			10151 Deerwood Park Blv			đ.					
Suite, Apt. #, etc.			Suite, Apt. #, etc. Bldg 200, Suite				01122005	Chg-P	CR2E	034 (10/03)	
City & State		Ja	Jacksonville, FI				4. FEI Number 59-3689471			<b>—</b>	pplied For ot Applicable
Zip	Country		2256	Coun	ïval		5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
	6. Name and Addre	ess of Current Regis	stered Agent		h)		7. Name and	Address of New F	Registered	Agent	
	ONT STATION CO		Name Street Address (P.O. Box Number is Not Acceptable)								
JACKSON	VILLE, FL 32217-	2513						** -			
					City				Fi	Zip Cod	le
	named entity submits the		ourpose of changing its re	egistere	ed office or	register	ed agent, or bo	th, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name	and repristment appear and little	if engicable (NOTE: E	Registere	d Agent signatu	ana ramatrant	when reinstating)	_	DATE		<del></del>
	Signature, types or present state	or registative agent and into	[	- Egisici E	a regant asymbol	re required		<del></del>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign File Trust Fund Contribution					ncing		00 May Be ed to Fees	- • •	- <del>-</del> ·		
10.		FFICERS AND DIRE	· · · · · · · · · · · · · · · · · · ·	11.			ADDITIONS	CHANGES TO OFF	ICERS AN		
TITLE NAME	PD 10 10 SPARKS, G. ALLEN	☐ Delete	Delete TITLE NAME		TD Wal	lker, Loris G.			☐ Change	X Addition	
STREET ADDRESS CITY-ST-ZIP	11614 FRANCIS DE	RAKE DRIVE	sn		ET ADDRESS -ST-ZIP	765	51 Gate Pkwy Apt 911 cksonville, Fl 32256		L 56		
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NAME				NAM	1						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP						
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NAME .			☐ Delete	TITLE NAMÉ						☐ Change	Addition
			☐ Delete	TITLE NAME STREE	:					Change	Addition
NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE			☐ Delete	TITLE NAME STREI CITY- TITLE	ET ADDRESS -ST-ZIP	<u> </u>				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				TITLE NAME STREI CITY- TITLE NAME	ET ADDRESS :-ST-ZIP	<u>                                     </u>					
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NAME - STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE NAME STREE	ET ADDRESS ST-ZIP					☐ Change	☐ Addition

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 expowered.