## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000114646

1. Entity Name

KENNINGTON WALKER SPARKS, P.A.



FILED Feb 19, 2008 08:00 AN Secretary of State

Principal Place of Business

6273 DUPONT STATION COURT JACKSONVILLE, FL 32217-2513

Mailing Address

10151 DEERWOOD PARK BOULEVARD BUILDING 200, SUITE 120 JACKSONVILLE, FL 32256



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01102008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3689471 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPARKS, G. ALLEN 6273 DUPONT STATION COURT JACKSONVILLE, FL 32217-2513

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the joins of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little	of applicable. (NOTE, Registere	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			,
TITLE NAME STREET ADDRESS CHY-S1-ZIP	PD SPARKS, G. ALLEN 11614 FRANCIS DRAKE DRIVE JACKSONVILLE, FL 32225				
THLE NAME STREET ADDRESS CITY-ST-ZIP	VDS KENNINGTON, BRADLEY 1104 BUCKBEAN BRANCH LANE E. JACKSONVILLE, FL 32259			,	000000832136 02/27/08-80047-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALKER, LORIS G 7651 GATE PARKWAY APT 911 JACKSONVILLE, FL 32256			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· · · · · · · · · · · · · · · · · · ·

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

THILE

STREET ADDRESS CITY+ST-ZIP

GNATURE AND A PEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/28 904-997-9878

Daytime Phone