

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000005373

1. Entity Name

STEVEN L. SPARKMAN, P.A.



Principal Place of Business

212 NORTH COLLINS STREET
SUITE 1
PLANT CITY, FL 33563

Mailing Address

PO BOX 2058
PLANT CITY, FL 33564



03012006

No Chg-P

CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3696621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPARKMAN, STEVEN L
212 NORTH COLLINS STREET
SUITE 1
PLANT CITY, FL 33563

**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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000517065
05/01/06-80030-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	SPARKMAN, STEVEN L
STREET ADDRESS	212 N. COLLINS STREET, STE. 1
CITY-ST-ZIP	PLANT CITY, FL 33566

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: ✓

Steven L. Sparkman

Steven L. Sparkman

4-17-2006

813-759-1444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #