


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90075 016 \*\*\*150.00

<b>DOCUMENT # P01000005373</b> 1. Entity Name <b>STEVEN L. SPARKMAN, P.A.</b>																													
Principal Place of Business <b>212 NORTH COLLINS STREET SUITE 1 PLANT CITY, FL 33563</b>			Mailing Address <b>PO BOX 2058 PLANT CITY, FL 33564</b>																										
2. Principal Place of Business - No P.O. Box # <b>102 W. Reynolds St.</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 201</b>																											
City & State <b>Plant City, FL</b>		City & State <b>Plant City, FL</b>		4. FEI Number <b>59-3696621</b>																									
Zip <b>33563</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>SPARKMAN, STEVEN L 212 NORTH COLLINS STREET SUITE 1 PLANT CITY, FL 33563</b>			7. Name and Address of New Registered Agent Name <b>Sparkman, Steven L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>102 W. Reynolds Street Suite 201 Plant City, FL 33563</b>																										
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: <u>Steven L. Sparkman</u> <b>Steven L. Sparkman</b> <u>April 6, 2007</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">DPST</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SPARKMAN, STEVEN L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>212 N. COLLINS STREET, STE. 1</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANT CITY, FL 33566</td> <td></td> </tr> </table>			TITLE	DPST	<input checked="" type="checkbox"/> Delete	NAME	SPARKMAN, STEVEN L		STREET ADDRESS	212 N. COLLINS STREET, STE. 1		CITY-ST-ZIP	PLANT CITY, FL 33566		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">DPST</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Sparkman, Steven L.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>102 W. Reynolds St., Ste. 201</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Plant City, FL 33563</td> <td></td> </tr> </table>			TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Sparkman, Steven L.		STREET ADDRESS	102 W. Reynolds St., Ste. 201		CITY-ST-ZIP	Plant City, FL 33563	
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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: <u>Steven L. Sparkman</u> <b>Steven L. Sparkman</b> <u>April 6, 2007</u> <b>813-759-1444</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													