


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90045 044 \*\*\*150.00

**20021407**



DOCUMENT # P01000114641			
1. Entity Name S.T. SPARKS CONSTRUCTION, INC.			
Principal Place of Business 829 BONITO LN KEY LARGO, FL 33037		Mailing Address 829 BONITO LN KEY LARGO, FL 33037	
2. Principal Place of Business <i>164 Orchid Street</i>		3. Mailing Address <i>164 Orchid Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Tavernier, FL</i>		City & State <i>Tavernier, FL</i>	
Zip <i>33070</i>		Zip <i>33070</i>	
Country <i>U.S.</i>		Country <i>U.S.</i>	
4. FEI Number 65-1156290		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPARKS, SAMMY T JR 829 BONITO LN KEY LARGO, FL 33037		7. Name and Address of New Registered Agent Name <i>Sparks, Sammy T. Jr.</i> Street Address (P.O. Box Number is Not Acceptable) <i>164 Orchid Street</i> City <i>Tavernier</i> FL Zip Code <i>33070</i>	
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 <i>Sammy Sparks</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT SPARKS, SAMMY T JR 829 BONITO LN KEY LARGO, FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <i>164 Orchid Street Tavernier, FL 33070</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPARKS, SAMMY T JR 829 BONITO LN KEY LARGO, FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <i>Sparks, Patricia A. 164 Orchid Street Tavernier, FL 33070</i> <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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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
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: <i>Sammy Sparks</i>		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	