

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114641

FILED
Mar 19, 2008
Secretary of State

Entity Name: S.T. SPARKS CONSTRUCTION, INC.

Current Principal Place of Business:

164 ORCHID STREET
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

164 ORCHID STREET
TAVERNIER, FL 33070

New Mailing Address:

P.O. BOX 9327
TAVERNIER, FL 33070

FEI Number: 65-1156290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPARKS, SAMMY T JR
164 ORCHID STREET
TAVERNIER, FL 33070 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: SPARKS, SAMMY T JR
Address: 164 ORCHID STREET
City-St-Zip: TAVERNIER, FL 33070

Title: S () Delete
Name: SPARKS, SAMMY T JR
Address: 829 BONITO LN
City-St-Zip: KEY LARGO, FL 33037

Title: VT () Delete
Name: SPARKS, PATRICIA A
Address: 164 ORCHID STREET
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: SPARKS, SAMMY T JR
Address: P.O. BOX 9327
City-St-Zip: TAVERNIER, FL 33070

Title: S (X) Change () Addition
Name: SPARKS, SAMMY T JR
Address: P.O. BOX 9327
City-St-Zip: TAVERNIER, FL 33070

Title: VT (X) Change () Addition
Name: SPARKS, PATRICIA A
Address: P.O. BOX 9327
City-St-Zip: TAVERNIER, FL 33070

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMMY T. SPARKS JR.

DPS

03/19/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date