

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90688 013 \*\*\*150.00

**DOCUMENT # P02000113951**

1. Entity Name

SPARKS INSTALLATION SERVICES, INC.



Principal Place of Business

~~13715 LINDER DR~~  
SPRING HILL FL 34609  
US

Mailing Address

PO BOX 715  
LUTZ FL 33549-0715  
US

2. Principal Place of Business

12466 Spring Hill Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Spring Hill, FL

City & State

Zip

34609

Country

Hernando

Zip

Country

4. FEI Number

51-0432883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ACTIVE FILINGS, LLC  
1628 N DALE MAGRY  
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

J. McGill Hill

Street Address (P.O. Box Number is Not Acceptable)

1628 N. Dale Mabry

Suite 112

City

Lutz

FL

Zip Code  
33548

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

*Sabrina Sparks*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-27-04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SPARKS, SABRINA	
STREET ADDRESS	15074 COPELAND WAY	
CITY-ST-ZIP	BROOKSVILLE FL 34604	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPARKS, DAVID	
STREET ADDRESS	15074 COPELAND WAY	
CITY-ST-ZIP	BROOKSVILLE FL 34604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Sabrina Sparks*

Sabrina Sparks

4/29/04

877-221-5558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #