

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

04 OCT 15 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000113951	
1. Entity Name SPARKS INSTALLATION SERVICES, INC.	

Principal Place of Business 12466 SPRING HILL DRIVE SPRING HILL, FL 34609 US	Mailing Address PO BOX 715 LUTZ, FL 33549-0715 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address POST OFFICE BOX 15326 Suite, Apt. #, etc.
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City & State BROOKSVILLE, FL	4. FEI Number 51-0432883	Applied For Not Applicable
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Zip 34604	Country	Zip 34604	Country
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10052004	Chg-P	CR2E034 (10/03)
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent HILL, J. MCGILL 1628 N DALE MAGRY STE 112 LUTZ, FL 33548	7. Name and Address of New Registered Agent Name SPARKS, SABRINA Street Address (P.O. Box Number is Not Acceptable) 12466 SPRING HILL DRIVE City SPRING HILL FL Zip Code 34609
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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>Sabrina Sparks</i> Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE <i>10/12/04</i>
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPARKS, SABRINA 15074 COPELAND WAY BROOKSVILLE, FL 34604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600041904396 10/15/04--01072--008 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPARKS, DAVID 15074 COPELAND WAY BROOKSVILLE, FL 34604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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>Sabrina Sparks</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	SABRINA SPARKS Date <i>10/12/04</i> Daytime Phone #
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