## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

GNATOLE AND TYPED OR PRINTED NAME

SIGNING OFFICER OR DIRECTOR

## May 03, 2006 8:00 am Secretary of State DOCUMENT # P02000113951 05-03-2006 90201 036 \*\*\*150 00 SPARKS INSTALLATION SERVICES, INC Principal Place of Business Mailing Address annov' -5143 COMMERCIAL WAY 5143 COMMERCIAL WAY SPRING HILL, FL 34606 US SPRING HILL, FL 34606 US 2. Principal Place of Business 3. Mailing Address 1232 BENTLEY AVENUE 1232 BENTLEY AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 CR2E034 (11/05) Chg-P City & State SPRING HILL, FL City & State SPRING HILL, FL 4. FEI Number Applied For 51-0432883 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34608 34608 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPARKS, DAVID K. KIERZYNSKI, MICHAEŁ J Street Address (P.O. Box Number is Not Acceptable) 5143 COMMERCIAL WAY SPRING HILL, FL 34606 Zip Code 08 SPRING HILL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150:00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change ☐ Addition TITLE ☐ Delete NAME SPARKS, SABRINA NAME 1232 BENTLEY AVENUE 5143 COMMERCIAL WAY STREET ADDRESS STREET ADDRESS SPRING HILL, FL 34606 CITY-ST-ZIP SPRING HILL, FL 34608 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE SPARKS, DAVID NAME NAME STREET ADDRESS 5143 COMMERCIAL WAY STREET ADDRESS 1232 BENTLEY AVENUE SPRING HILL, FL 34606 SPRING HILL, FL 34608 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. ith an address, with all other x 5-1-06

FILED