2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004
Secretary of State

DOCUMENT# P03000026593

Entity Name: HERBAN SPRAWL, INC.

Current Principal Place of Business:

309 SW 16 AVE #120
GAINESVILLE, FL 32601

New Principal Place of Business:

309 SW 16 AVE
#120
GAINESVILLE, FL 32601

Current Mailing Address:

309 SW 16 AVE #120
GAINESVILLE, FL 32601

New Mailing Address:

309 SW 16 AVE
#120
GAINESVILLE, FL 32601

FEI Number: 20-0141299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEAN, AMANADA
309 SW 16 AVE #120
GAINESVILLE, FL 32601

Name and Address of New Registered Agent:

DEAN, AMANADA B
309 SW 16 AVE
#120
GAINESVILLE, FL 32601

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: AMANDA B. DEAN 03/02/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: DEAN, AMANDA
Address: 309 SW 16 AVE #120
City-St-Zip: GAINESVILLE, FL 32601

Title: VD ( ) Delete
Name: PFLAUM, ALLISON
Address: 129 TIMBERLINE DR
City-St-Zip: PORT LAVACA, TX 77979

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: DEAN, AMANDA B
Address: 309 SW 16 AVE #120
City-St-Zip: GAINESVILLE, FL 32601

Title: VD (X) Change ( ) Addition
Name: PFLAUM, ALLISON B
Address: 129 TIMBERLINE DR
City-St-Zip: PORT LAVACA, TX 77979

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMANDA B. DEAN PSTD 03/02/2004
Electronic Signature of Signing Officer or Director Date