

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000026593

Entity Name: HERBAN SPRAWL, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

309 SW 16 AVE  
#120  
GAINESVILLE, FL 32601

## New Principal Place of Business:

18507 SW 67 AVE  
ARCHER, FL 32618

## Current Mailing Address:

309 SW 16 AVE  
#120  
GAINESVILLE, FL 32601

## New Mailing Address:

18507 SW 67 AVE  
ARCHER, FL 32618

FEI Number: 20-0141299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

DEAN, AMANDA B  
18507 SW 67 AVE  
ARCHER, FL 32618 US

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

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: VD ( ) Delete  
Name: PFLAUM, ALLISON B  
Address: 314 CROMWELL DR  
City-St-Zip: VICTORIA, TX 77901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: DEAN, AMANDA B  
Address: 18507 SW 67 AVE  
City-St-Zip: ARCHER, FL 32618

Title: VD (X) Change ( ) Addition  
Name: PFLAUM, ALLISON B  
Address: 120 KIRKLAND  
City-St-Zip: KYLE, TX 78640

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: AMANDA B DEAN

PSTD

04/30/2007

Electronic Signature of Signing Officer or Director

Date