

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90020 047 ***150.00

DOCUMENT # P03000072254

1. Entity Name

SPARKY'S GROUP, INC.



Principal Place of Business

316 MINNESOTA STREET
HOLLYWOOD FL 33019

Mailing Address

316 MINNESOTA STREET
HOLLYWOOD FL 33019

2. Principal Place of Business

316 Minnesota St.

Suite, Apt. #, etc.

3

City & State

Hollywood FL

Zip

33019

Country

Broward

3. Mailing Address

316 Minnesota St.

Suite, Apt. #, etc.

3

City & State

Hollywood FL

Zip

33019

Country

Broward



MOORE

CR2E034 (11/03)

4. FEI Number

57-1178695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, SHANE W
316 MINNESOTA STREET
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MARTIN, SHANE W
316 MINNESOTA STREET
HOLLYWOOD FL 33019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SCHERRER, RICK
316 MINNESOTA STREET
HOLLYWOOD FL 33019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

[Signature] s/b Rick Scherrer s/b

19 Feb 04 (954) 325-6217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #