2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000122719

1. Entity Name

104

Principal Place of Business

HOBE SOUND, FL 33455

11411 S. E. FEDERAL HIGHWAY

SPARKY'S SOUTH FLORIDA ELECTRIC, INC.



Mailing Address

11411 S. E. FEDERAL HIGHWAY

104

HOBE SOUND, FL 33455

FILED Mar 27, 2006 8:00 am Secretary of State

03-27-2006 90237 011 ***150.00



DO NOT WRITE IN THIS SPACE

03182006 No Chg-P CR2E034 (11/05)

4. FEI Number 74-3112627

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN & RYAN ATTORNEYS, P. A. 11891 U. S. HIGHWAY ONE 201

DO NOT WRITE
IN THIS SPACE

NORTH PALM BEACH, FL 33408				IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its regist	ered office or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE				Agent signature required when reinstating) DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fin Trust Fund Contributio		\$5.00 May Be Added to Fees		
10.	.: OFFICERS AND DIREC	TORS		I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROSS, KEVIN 11411 S. E. FEDERAL HIGHWAY, SUITE 104 HOBE SOUND, FL 33455					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				٠		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:	IN THIS SPACE		
TITLE NAME STREET ADDRESS 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 office like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2.73.01

Daytime Phone #