

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000057285

1. Entity Name
SPARKLING SHINGLES, INC



Principal Place of Business
P.O. BOX 440595
JACKSONVILLE, FL 32222

Mailing Address
P.O. BOX 440595
JACKSONVILLE, FL 32222

DO NOT WRITE IN THIS SPACE



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number
90-0159360

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LITTLETON, L S
6821 CABALLERO COURT
JACKSONVILLE, FL 32217

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IN THIS SPACE**

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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
P
VARELA, MICHAEL A
P.O. BOX 440595
JACKSONVILLE, FL 32222

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
VARELA, ROBIN
P.O. BOX 440595
JACKSONVILLE, FL 32222

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/22/06-80048-010 150.00

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IN THIS SPACE**

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 assignment with an address, with all other like empowered.

SIGNATURE: Robin G. Varela Robin G. Varela
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06 (904) 777-2092
Date Daytime Phone #