

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90200 041 ***150.00

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1. Entity Name

SPARKY B'S SALES & SERVICE INC.



Principal Place of Business
13938 HWY 77
SOUTHPORT FL 32409

Mailing Address
13938 HWY 77
SOUTHPORT FL 32409



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **14-1908756**

I Applied For
Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

NEWSOME, WILLIAM B
13938 HWY 77
SOUTHPORT FL 32409

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, applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST-ZIP	P NEWSOME, WILLIAM B 2307 PENTLAND ROAD LYNN HAVEN FL 32444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	V FAULKENBERRY, DENNIS C 1140 CROOKED LN SOUTHPORT FL 32409	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	S BUSH, THOMAS MICHAEL 955 FALLING WATERS RD CHIPLEY FL 32428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	T OCHOA, CHAD G 3117 DEBRA BLVD PANAMA CITY FL 32405	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	VICE PRESIDENT OPERATIONS HUBERT C. DAVIS III 1829 W 30TH ST. PANAMA CITY, FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	SECRETARY CONSTANCE R. METTILLE 410 Georgia Ave. Lynn Haven, FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	TREASURER MICHAEL P. METTILLE 410 Georgia Ave. Lynn Haven, FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	CHIEF EXECUTIVE OFFICER DEBORAH H. DOBBS 128A W SLOCOMB ST. SLOCOMB, AL 36375	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 other like empowered.

SIGNATURE:

William B. Newsome
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/07

Daytime Phone #

(850) 381-3069