

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000095816

1. Entity Name
SPROCKETS ADVENTURES, INC.



Principal Place of Business
**345 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984**

Mailing Address
**345 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-1282020

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTERELLI, LOUIS M
2290 SW ALMINAR ST.
PORT ST. LUCIE, FL 34953**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PS
PATTERELLI, LOUIS M
345 SE PORT ST LUCIE BLVD.
PORT ST LUCIE, FL 34953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
05/03/06-80021-013 150.00 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VT
PATTERELLI, SYRENATA P
345 SE PORT ST LUCIE BLVD.
PORT ST LUCIE, FL 34953** ☐ Delete

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

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CITY- ST- ZIP
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CITY- ST- ZIP
☐ Change ☐ Addition

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-06

772/336-3399

Date

Daytime Phone #