

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000035731**



**1. Entity Name**  
**SPARKILICIOUS, INC.**

**Principal Place of Business**  
**12287 RIVERFALLS COURT**  
**BOCA RATON FL 33428**

**Mailing Address**  
**12287 RIVERFALLS COURT**  
**BOCA RATON FL 33428**



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

**3. Mailing Address**

Suite, Apt. #, etc

Suite, Apt. #, etc

1st MOORE

CR2E034 (10/06)

City & State

City & State

**4. FEI Number** **55-0891912**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**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**

**JACKSON, VALERIE**  
**12287 RIVERFALLS COURT**  
**BOCA RATON FL 33428**

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**

*Valerie Jackson*

*x 2/21/07*

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, 2007 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** **P** ☐ Delete  
**NAME** **JACKSON, VALERIE**  
**STREET ADDRESS** **12287 RIVERFALLS DRIVE**  
**CITY- ST- ZIP** **BOCA RATON FL 33428**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**NAME**  
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**CITY- ST- ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME** **U000000848220**  
**STREET ADDRESS** **03/06/07-80103-017 150.00**  
**CITY- ST- ZIP**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**TITLE** ☐ Change ☐ Addition  
**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 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:**

*Valerie Jackson*

*x 2/21/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #