


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2007 08:00 A
Secretary of State

DOCUMENT # P05000043493	
1. Entity Name SPARKLEDB, INC.	

Principal Place of Business 2193 PINELAND DRIVE TALLAHASSEE, FL 32317	Mailing Address 2193 PINELAND DRIVE TALLAHASSEE, FL 32317
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DO NOT WRITE IN THIS SPACE



08302007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2506293	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KENNEDY, SUSAN
2193 PINELAND DR
TALLAHASSEE, FL 32317

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

U00000773633
09/07/07-80007-017 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KENNEDY, SUSAN 2193 PINELAND DRIVE TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KENNEDY, JOHN 2193 PINELAND DRIVE TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KENNEDY, MARILYN 2193 PINELAND DRIVE TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 attachment with an address, with all other like empowered.

SIGNATURE: Susan Kennedy Susan Kennedy 9/11/07 404-384-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #