

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064804

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: SPRAGGS CORPORATION

## Current Principal Place of Business:

745 HERON DRIVE  
DELRAY BEACH, FL 33444

## New Principal Place of Business:

4322 KING THEODORE DR.  
BOYNTON BEACH, FL 33436

## Current Mailing Address:

745 HERON DRIVE  
DELRAY BEACH, FL 33444

## New Mailing Address:

4322 KING THEODORE DR.  
BOYNTON BEACH, FL 33436

FEI Number: 20-2780504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KERN, KEITH D  
50 SE FOURTH AVENUE  
DELRAY BEACH, FL 33483 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SPRAGGS, SAM  
Address: 745 HERON DRIVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: VP ( ) Delete  
Name: SPRAGGS, SAM  
Address: 745 HERON DRIVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: S ( ) Delete  
Name: SPRAGGS, SAM  
Address: 745 HERON DRIVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: T ( ) Delete  
Name: SPRAGGS, SAM  
Address: 745 HERON DRIVE  
City-St-Zip: DELRAY BEACH, FL 33444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SPRAGGS, SAM  
Address: 4222 KING THEODORE DR.  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP (X) Change ( ) Addition  
Name: SPRAGGS, SAM  
Address: 4322 KING THEODORE DR.  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S (X) Change ( ) Addition  
Name: SPRAGGS, SAM  
Address: 4322 KING THEODORE DR.  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: T (X) Change ( ) Addition  
Name: SPRAGGS, SAM  
Address: 4322 KING THEODORE DR.  
City-St-Zip: DELRAY BEACH, FL 33436

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM SPRAGGS

P

04/16/2008

Electronic Signature of Signing Officer or Director

Date