

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

** HURRICANE CHARLEY /
HURRICANE FRANCES ;
Sep 09 2004 08:00 AM
SEE LAST PAGE
Secretary of State*

DOCUMENT # P94000015548

1. Entity Name
G. K. SPROWLS CORP.



Principal Place of Business
2451 POINCIANA DRIVE
NAPLES, FL 34105 US

Mailing Address
2451 POINCIANA DRIVE
NAPLES, FL 34105 US



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0468294

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPROWLS, GREGORY K
2451 POINCIANA DRIVE
NAPLES, FL 34105

**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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SPROWLS, GREGORY K 2451 POINCIANA DRIVE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SPROWLS, AMY L 2451 POINCIANA DRIVE NAPLES, FL 34105
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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09/09/04-80008-006 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone

(239) 370-3592
GREGORY K. SPROWLS

9/8/04