


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90009 040 ***550.00

DOCUMENT # P96000089012

1. Entity Name
SPARMARK, INC.



Principal Place of Business Mailing Address
220 PARK LANE WEST **220 PARK LANE WEST**
LAKE ALFRED FL 33580 **LAKE ALFRED FL 33580**

24075811



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
SAME **P.O. 742**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 AUBURNDALE FL

4. FEI Number Applied For
59-3411148 Not Applicable

Zip Country Zip Country
33823 **FL** **P.O.** **FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BROWN, SPARLIN L
220 PARK LANE WEST
LAKE ALFRED FL 33580

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, SPARLIN L	
STREET ADDRESS	220 PARK LANE WEST	
CITY-ST-ZIP	LAKE ALFRED FL 33580	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF PARR	
STREET ADDRESS	3015 WASHINGTON AVE.	
CITY-ST-ZIP	PASCAGOULA, MS 39567	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD ARGO	
STREET ADDRESS	522 GREEN BRIAR BLVD	
CITY-ST-ZIP	AUTUMONTE SPRINGS 32714	
TITLE	SECRETARY - TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK A. JONES	
STREET ADDRESS	1208 LYNN AVE	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Mark A. Jones **MARK A. JONES** 5/13 863-956-1365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #