

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000001249
 11. Entity Name
RENISIGNI SPARRS, INC.



Principal Place of Business: **7336 SCOTLAND SST DUNNEDIN, FL 34698**
 Mailing Address: **7336 SCOTLAND SST DUNNEDIN, FL 34698**

DO NOT WRITE IN THIS SPACE



011002005 No Cng-PP CTRB0204 (10/05)

4. FEE # Number: **59-3419344**
 Appellate Fee: (Not Applicable)

5. Certificate of Status: Domestic **\$8.75** Additional Fees (Required)

6. Name and Address of Current Registered Agent
EDURICA, JOHNNI IN
7336 SCOTLAND SST
DUNNEDIN, FL 34698

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.

9. SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when returning) DATE: _____

FILE FEE: \$50.00
After May 1, 2005 Fee will be \$50.00

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

100. OFFICERS AND DIRECTORS	
TITLE: FP NAME: EDURICA, JOHNNI IN STREET ADDRESS: 7336 SCOTLAND SST CITY-STATE-ZIP: DUNNEDIN, FL 34698	<p>U00000189196 01/24/05-80085-007 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE: SST NAME: EDURICA, JOHNNI IN STREET ADDRESS: 7336 SCOTLAND SST CITY-STATE-ZIP: DUNNEDIN, FL 34698	
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or officer 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 100 or Block 111 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *John Durica* **Jan 13 05 727-734-183**
Signature and typed or printed name of signing officer or director Date Daytime Phone #