2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 08:00 AN Secretary of State

			, 	7	-	' C	CC	
DOCUMENT # P99000069434 1. Entity Name SPARROW TRANSPORATION INC.						Secretary of S		
Principal Place 308 W ROSE LADY LAKE,		Mailing Address 308 W ROSE LANE LADY LAKE, FL 32159		} }	F 1811a 18111 88511 88111 88111	1 METTE BILLY LEAT BLOWN	itili Brafabi II 1bat	
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r	O NOT WRITE	^E	04092005 No Chg-P CR2E034 (10/03)					
L	OO NOT WRITE	IN I IIIS SPA	CE	4. FEI Numbe 59-359			Applied For Not Applicable	
				5. Certificate	of Status Desired	□ \$8.75 Fee Re	Additional quired	
	6. Name and Address of Current Re	istered Agent						
	ARTHUR FROSE LANE KE, FL 32159	DO NOT WRITE IN THIS SPACE						
	e named entity submits this statement for the tions of registered agent	e purpose of changing its register	ed office or register	ed agent, or bot	th, in the State of Floo	rida I am familiar	with, and accept	
SIGNATURE.	<u>, </u>							
	Signature, typed or printed name of registered agent and	lie if applicable (NOTE Registere	d Agent signature required	when reinstating)		DATE		
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution	noing \$5.	00 May Be ed to Fees	000000 04/13/05-	1302897 -80089-011	150.00	
10.	OFFICERS AND DIF	ECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, ARTHUR 1008 GEORGIA AVE. LEESBURG, FL 34748							
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WRIGHT, ARTHUR J 10265 TAUSSIG CT SANDERGO, CA 92124						ļ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	3	

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.

CIC	KI A	TII	D	е.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/05

Daytime Phone #