


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # P99000100064	
1. Entity Name SPRAGUE FAMILY INC.	

Principal Place of Business 1548 OCEAN SHORE BLVD ORMOND BEACH, FL 32176	Mailing Address 1548 OCEAN SHORE BLVD ORMOND BEACH, FL 32176
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DO NOT WRITE IN THIS SPACE



03302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3607367	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**POLINSKY, CAROL A
20 MARGARET RD
ORMOND BEACH, FL 32176**

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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 *Billy Smith V.P.* DATE *4-4-07*

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	POLINSKY, CAROL A 20 MARGARET RD ORMOND BEACH, FL 32176
TITLE VP	SMITH, BILLY 20 MARGARET RD ORMOND BEACH, FL 32176
TITLE 	
TITLE 	
TITLE 	
TITLE 	
TITLE 	

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04/17/07-80044-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Billy Smith V.P.* *4-4-07* *386-441-4829*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #