


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K50368**  
 1. Entity Name  
**UNIVERSAL SPRINKLER & LANDSCAPING, INC.**



Principal Place of Business 726-B MARY AVENUE FORT WALTON BEACH, FL 32547-2444 US	Mailing Address 726 B. MARY AVENUE FORT WALTON BEACH, FL 32547-2444 US
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**DO NOT WRITE IN THIS SPACE**



03132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2958314	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 CATON, JOHN GERALD  
 726-B MARY AVENUE  
 FORT WALTON BEACH, FL 32548

**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 \_\_\_\_\_ 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**

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

U00000090587  
 03/17/04-80024-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CATON, JOHN GERALD 726 B MARY AVE. FT. WALTON BEACH, FL
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**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 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:**  **John G. Caton** 3-15-04 850-967-5471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #