


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L14584 1. Entity Name ABLE SPRINKLER & SOLAR CO., INC.			
Principal Place of Business C/O JUDY WRIGHT 4641 62ND AVE. N. PINELLAS PARK FL 33781		Mailing Address 4641 62ND AVE. N. PINELLAS PARK FL 33781	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
		1st MOORE CR2E034 (10/07)	
		4. FEI Number 59-3021766	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, JUDY 4641 62ND AW NO PINELLAS PARK FL 33781		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 _____ <small>Signature required for principal place of registered agent and title (if applicable). (NOTE: Registered agent cannot be removed when submitting.)</small>			
FILE-NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP WRIGHT, JUDY	TITLE	
NAME		NAME	
STREET ADDRESS	4641 62ND AVE N	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SAYLES, ANNA	NAME	
STREET ADDRESS	911 BOCA CIEGA IS DR	STREET ADDRESS	
CITY-ST-ZIP	ST PETE BCH FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MCCAUSLAND, HOLLY	NAME	
STREET ADDRESS	1265 B 85TH TR. N.	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	WILLING, DEBBY	NAME	
STREET ADDRESS	4641 62ND AVE N	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Debbby Willing* **Debbby Willing** 2-19-08 -
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr