

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-26-2004 90417 014 ****50.00
S49648

DOCUMENT # S49648

1. Entity Name

COAST TO COAST SPRINKLERS, INC.



FILED
04 MAY 13 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J4U0J1J1

Principal Place of Business

5236 COMMERCIAL WAY
SUITE G
SPRING HILL FL 34606
US

Mailing Address

5236 COMMERCIAL WAY
SUITE G
SPRING HILL FL 34606
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3070632

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

MOORE CR2E034 (11/03) *TR*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEWEESE, MITCHELL P.
4529 SOUTH SHELLPOINT
HOMOSASSA, FL
HOMOSASSA FL 34448

Name

Street Address (P.O. Box Number is Not Acceptable)

243 PALM ST

City

FL

Zip Code
34449

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

Mitchell Dewese

Owner

4-20-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	DEWEESE, MITCHELL P	
STREET ADDRESS	243 PALM ST	
CITY-ST-ZIP	INGLIS FL 34449	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEWEESE, MITCHELL P.	
STREET ADDRESS	4529 SOUTH SHELLPOINT	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000037058600
STREET ADDRESS	05/24/04--01106--008 **100.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	245 PALM ST
CITY-ST-ZIP	INGLIS, FL 3449
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

Mitchell Dewese

4-20-04

352-686-4414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #