

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L14584

Entity Name: ABLE SPRINKLER & SOLAR CO., INC.

FILED  
Jun 01, 2009  
Secretary of State

## Current Principal Place of Business:

C/O JUDY WRIGHT  
4641 62ND AVE. N.  
PINELLAS PARK, FL 33781

## New Principal Place of Business:

## Current Mailing Address:

4641 62ND AVE. N.  
PINELLAS PARK, FL 33781

## New Mailing Address:

FEI Number: 59-3021766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WRIGHT, JUDY  
4641 62ND AVE NO  
PINELLAS PARK, FL 33781 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: WRIGHT, JUDY  
Address: 4641 62ND AVE N  
City-St-Zip: PINELLAS PARK, FL

Title: D ( ) Delete  
Name: SAYLES, ANNA  
Address: 911 BOCA CIEGA IS DR  
City-St-Zip: ST PETE BCH, FL

Title: D ( ) Delete  
Name: MCCAUSLAND, HOLLY  
Address: 1265 B 85TH TR. N.  
City-St-Zip: ST. PETERSBURG, FL

Title: D ( ) Delete  
Name: WILLING, DEBBY  
Address: 4641 62ND AVE N  
City-St-Zip: PINELLAS PARK, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY WRIGHT

DP

06/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date