

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 397481

FILED
Mar 31, 2009
Secretary of State

Entity Name: RELIABLE SPRINKLER SYSTEMS, INC

Current Principal Place of Business:

3200 ROWLAND DRIVE
PUNTA GORDA, FL 33952 US

New Principal Place of Business:

3200 ROWLAND DRIVE
PORT CHARLOTTE, FL 33980 US

Current Mailing Address:

P.O. BOX 511734
POST OFFICE BOX 1734
PUNTA GORDA, FL 339511734 US

New Mailing Address:

P.O. BOX 511734
POST OFFICE BOX 511734
PUNTA GORDA, FL 339511734 US

FEI Number: 58-1127159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACOMBER, MICHAEL DAMON
3200 ROWLAND DRIVE
PUNTA GORDA, FL 33952 US

Name and Address of New Registered Agent:

MACOMBER, MICHAEL DAMON
3200 ROWLAND DRIVE
PORT CHARLOTTE, FL 33980 US

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:

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MACOMBER, MICHAEL D
Address: 3200 ROWLAND DR.
City-St-Zip: PUNTA GORDA, FL 33980

Title: VT () Delete
Name: MACOMBER, ALESHIA
Address: 3200 ROWLAND DR.
City-St-Zip: PUNTA GORDA, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MACOMBER, MICHAEL D
Address: 3200 ROWLAND DR.
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: VP (X) Change () Addition
Name: MACOMBER, ALESHIA
Address: 3200 ROWLAND DR.
City-St-Zip: PORT CHARLOTTE, FL 33980

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: ALESHIA MACOMBER

VP

03/31/2009

Electronic Signature of Signing Officer or Director

Date