

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90037 039 \*\*\*150.00

**DOCUMENT # 460463**

1. Entity Name  
**UNITED SPRINKLER, INC.**



Principal Place of Business  
**9755 STAR TR.  
NEW PORT RICHEY, FL 34654**

Mailing Address  
**9755 STAR TR.  
NEW PORT RICHEY, FL 34654**

**50005462**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

**59-1552037**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMS, GUNNAR  
9755 STAR TR.  
NEW PORT RICHEY, FL 34654**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME THOMS, GUNNAR  
STREET ADDRESS 9755 STAR TR.  
CITY-ST-ZIP NEW PORT RICHEY, FL

TITLE ☒ Change ☐ Addition  
NAME **TREASURER**  
STREET ADDRESS **THOMS, GUNNAR.**  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME THOMS, CAROLYN  
STREET ADDRESS 9755 STAR TR.  
CITY-ST-ZIP NEW PORT RICHEY, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME THOMS, CHRISTOPHER  
STREET ADDRESS 9755 STAR TR.  
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE ☒ Change ☐ Addition  
NAME **PRES.**  
STREET ADDRESS **THOMS, CHRISTOPHER**  
CITY-ST-ZIP

TITLE 1SVP ☐ Delete  
NAME THOMS, MICHAEL  
STREET ADDRESS 9755 STAR TR.  
CITY-ST-ZIP NEW PT. RICHEY, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE 2VP ☐ Delete  
NAME THOMS, JAMES G  
STREET ADDRESS 9755 STAR TR.  
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Carolyn Thoms*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*- CAROLYN THOMS*

*3-22-06*  
Date

*3-22-06*  
Daytime Phone #