

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90412 045 ***150.00

DOCUMENT # 463901

1. Entity Name
SUPERIOR SPRINKLER SYSTEMS, INC.



Principal Place of Business

**427 SOUTHERN BLVD
W PALM BCH, FL 33405**

Mailing Address

**427 SOUTHERN BLVD
W PALM BCH, FL 33405**

00012000



04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1579213

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, ROBERT C
427 SOUTHERN BLVD
WEST PALM BCH, FL 33405**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

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

TITLE	DP
NAME	JOHNSON, ROBERT C
STREET ADDRESS	427 SOUTHERN BLVD
CITY-ST-ZIP	W PALM BCH, FL
TITLE	VDS
NAME	JOHNSON, JOAN L
STREET ADDRESS	427 SOUTHERN BLVD.
CITY-ST-ZIP	W PALM BCH, FL
TITLE	V
NAME	CLARK, WILLIAM D.
STREET ADDRESS	427 SOUTHERN BLVD.
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	D
NAME	JOHNSON, CHET
STREET ADDRESS	427 S. BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/06