

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 525238

FILED  
Feb 05, 2010  
Secretary of State

**Entity Name:** RODAN FIRE SPRINKLERS, INC.

**Current Principal Place of Business:**

2501 N 70TH STREET  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

2501 N 70TH STREET  
TAMPA, FL 33619

**New Mailing Address:**

**FEI Number:** 59-1716869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AGLIANO, JOHN J ESQ.  
201 NORTH FRANKLIN STREET, SUITE 2600  
TAMPA, FL 33602 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** ST  
**Name:** BUCKLER, CAROL L  
**Address:** 17615 WHISTLING LANE  
**City-St-Zip:** LUTZ, FL 33549

**Title:** AST  
**Name:** CAVAS, JEWEL C  
**Address:** P.O. BOX 212  
**City-St-Zip:** RIVERVIEW, FL 33568

**Title:** P  
**Name:** LECORNU, BURTON D  
**Address:** 12806 N BOULEVARD  
**City-St-Zip:** TAMPA, FL 33612

**Title:** VP-O  
**Name:** BURNHAM, JEFFREY D  
**Address:** 5617 LEGACY CRESCENT PL, #303  
**City-St-Zip:** RIVERVIEW, FL 33578

**Title:** VP-S  
**Name:** BARROW, JERRY T  
**Address:** 11215 TAFF LANE  
**City-St-Zip:** SEFFNER, FL 33584

**Title:** D  
**Name:** ROOKS, RONALD D  
**Address:** 515 W. BAY STREET, 101  
**City-St-Zip:** TAMPA, FL 33606

I hereby 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 all other like empowered.

**SIGNATURE:** CAROL L. BUCKLER

ST

02/05/2010

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

\_\_\_\_\_  
Date