2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 11, 2007 08:00 AM Secretary of State

DOCUMENT # 537789 1. Entity Name JORDAN SPRINKLER SYSTEMS, INC. Principal Place of Business 6350 9TH ST., SW Mailing Address 6350 9TH ST., SW					Secretary of State
	ERO BEACH, FL 32968 VERO BEACH, FL 32968				
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				08092007 No Chg-P CR2E034 (11/05)	
L	OO NOT WRITE I	n This Spa	- Litteriber		
			ا المستد		¢9.7E Additional
	6. Name and Address of Current Regi	stored Anent	 	5. Certificati	e of Status Desired Fee Required
JORDAN, WILLIAM O. 1855 34TH AVENUE			DO NOT WRITE		
VERO BEACH, FL 32960			IN THIS SPACE		
				114	THIS STACE
8. The shape named entity submits this conserved for the purpose of the purpose o					
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 NULLAM SAC/TREAS 8-28-07					
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 Due by September 14, 2007 9. Election Campaign Finance Trust Fund Contribution.			cing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME	JORDAN, WILLIAM O.				U00000773760 09/11/07-90005-020 150.00
STREET ADDRESS	1855 34TH AVE.				937 117 8 (
CITY-ST-ZIP	VERO BEACH, FL		-		Reconstruction of the second o
TITLE NAME	PD JORDAN, CAROLE JEAN				
STREET ADDRESS	1855 34TH AVE				**************************************
CITY-ST-ZIP	VERO BEACH, FL				Military
NAME	WILLIAM O. JORDAN, JR.				-
STREET ADDRESS	1855 34TH AVE			DΩ	NOT WRITE
CITY-ST-ZIP	VERO BEACH, FL 32960				
NAME				IN	THIS SPACE
STREET ADDRESS CITY+ST-ZIP					
TITLE				+	71.
NAME					
STREET ADDRESS CITY-ST-ZIP					
TITLE					
NAME		••			
STREET ADDRESS CITY -ST - ZIP	· · · · · · · · · · · · · · · · · · ·				
	ertify that the information supplied with this fi	ling does not qualify for the exe	mptions contained	in Chapter 119	9, Florida Statutes. I further certify that the information
of the cor	on this report or supplemental report is true a poration or the receiver or trustee_empowered or on an attachment, with an address, with all	ing accurate and that my signat I to execute this report as required other like empowered.	ure shall have the s red by Chapter 607,	ame legal effec , Florida Statute	9. Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or directores; and that my name appears in Block 10 or Block 11 if