

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 06, 2004 08:00 AM
Secretary of State**

DOCUMENT # F02000003001

1. Entity Name
MILLRY SPRINKLER CO, INC.



Principal Place of Business
**RT. 2 BOX 22B COPELAND RD
MILLRY, AL 36558**

Mailing Address
**PO BOX 487
MILLRY, AL 36558**



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **72-1519093** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALVIS, STEVE
10787 KNOTTINGBY DR
JACKSONVILLE, FL 32257**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	MCILWAIN, JANE
STREET ADDRESS	RT 2 BOX 22B
CITY-ST-ZIP	MILLRY, AL 36558
TITLE	DST
NAME	LARSEN, ALBERT
STREET ADDRESS	5751 ST. GALLEN AVENUE SOUTH
CITY-ST-ZIP	MOBILE, AL 36608
TITLE	DVP
NAME	MCILWAIN, TRACY
STREET ADDRESS	3560 DEAKLE CIRCLE
CITY-ST-ZIP	MOBILE, AL 36695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000163365
07/06/04-80011-005 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Jane W. McIlwain President

256846-3336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jane W. McIlwain