2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

FILED Aug 18, 2006 8:00 am Secretary of State

| 1. Entity Name | MENT # F05000002 ON SPRINKLER, INCORPO | | | 08-08-2006 90002 007 ***550.00 | |
|---|---|---|---|--|--|
| Principal Place 1903 HANC GRETNA LA | OCK ST | Mailing Address P.O. BOX 129 GRETNA LA 70053 | Ķ | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 2nd MOORE CR2E034 (4/06) | |
| City & State | | City & State | | 4. FEI Number 2-0 7 9 7 0 0 5 Applied For Not Applicable | |
| Zp | Country | Zip | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required | |
| | 5. Name and Address of Curre | nt Registered Agent | Name | 7. Name and Address of New Registered Agent | |
| 300 | ND, PAT 5 STATE RD 590, SUITE 1 ARWATER FL 33759 | 00 | Street A | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | City | FL Zip Code | |
| | named entity submits this statement for of registered agent. | or the purpose of changing its re | egistered office or reg | registered agent, or both, in the State of Florida. I am familiar with, and accept the | |
| SIGNATURE | Signeture, typeid or critical name of registered agent | | | NOTION INCLUDED WHITE INTERESTING | |
| : (Makê Check | ILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Payable to Florida Department | of State late fee. By checon not receive prior | king this box, the conotice. Fee to file is | | |
| 10. TILE | P OFFICERS AN | ☐ Dolete | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| NAME Street address City-St-Zip | STROHMEYER, RAYMOND J SR 9 AZALEA DR GRETNA LA 70053 | | NAME STREET ADDRESS CITY-ST-7P | s | |
| TITLE NAME STREET ADDRESS CITY-\$T-ZIP | V STROHMEYER, RAYMOND J JR 1118 JEFFERSON ST GRETNA LA 70053 | ☐ Devere | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | |
| NAME STREET ADORESS CITY-ST-ZP | T STROHMEYER, LINDA L #9 AZALEA DR GRETNA LA 70053 | ☐ Deleto | TITLE NAME STREET ADDRESS CTV-ST/2P | Change Addition | |
| TITLE NAME SIREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-729 | Change Addition | |
| TITLE NAME STREET ADDRESS CITY: 51: ZP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-SI-ZIP | Change Addition | |
| IIILE Name Street adoress City-SI-Zip | | □ Delete | NAME STREET ADDRESS CITY-ST-7IP | ☐ Change ☐ Addiaon | |
| indicated of the corp | on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address. | s true and accurate and that my ovypred to execute this report a | signature shall have | ontained in Chapter 119. Florida Statutes. I further certify that the information we the same legal effect as if made under oath; that I am an officer or director oter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if | |