2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002309

Entity Name: WORSHAM SPRINKLER COMPANY, INC.

FILED Jun 06, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
10343-B KINGS ACRES I ASHLAND, VA 23005	RD.		
Current Mailing Address:		New Mailing Address:	
10343-B KINGS ACRES I ASHLAND, VA 23005	RD.		
FEI Number: 41-2077876	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
CORPORATION SERVIC 1201 HAYS ST. TALLAHASSEE, FL 3230			
The above named entity s in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,
SIGNATURE:			
Electronic Signature of Registered Agent		ent	Date
Election Campaign Financing	Trust Fund Contribution ().		

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CPST PRFS Title: () Delete Title: (X) Change () Addition MCDONALD, JOHN C. MCDONALD, JOHN C. Name: Name: 7708 FULLERTON RD. Address: 7708 FULLERTON RD. Address: City-St-Zip: SPRINGFIELD, VA 22153 City-St-Zip: SPRINGFIELD, VA 22153

Name: GRIFFITH, ROBERT Name: GRIFFITH, ROBERT

Address: 6375 REGENCY PARKWAY, STE. 700 Address: 6375 REGENCY PARKWAY, STE. 700

City-St-Zip: NORCROSS, GA 30071 City-St-Zip: NORCROSS, GA 30071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN C. MCDONALD PRES 06/06/2007