

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13094

Entity Name: SPRINKLER KING, INC.

FILED  
Apr 22, 2009  
Secretary of State

## Current Principal Place of Business:

10820 HUDSON AVENUE  
HUDSON, FL 34669 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 5732  
HUDSON, FL 346745732 US

## New Mailing Address:

FEI Number: 59-2053163

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FIMIANI, DAVID T.  
10820 HUDSON AVE  
HUDSON, FL 34669 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: P ( ) Delete  
Name: FIMIANI, DAVID T  
Address: 10808 HUDSON AVE  
City-St-Zip: HUDSON, FL 34669

Title: T ( ) Delete  
Name: FIMIANI, DAVID T  
Address: 10820 HUDSON AVE  
City-St-Zip: HUDSON, FL 34669

Title: VP ( ) Delete  
Name: FIMIANI, LAURA  
Address: 10820 HUDSON AVE  
City-St-Zip: HUDSON, FL 34669

Title: S ( ) Delete  
Name: FIMIANI, LAURA  
Address: 10820 HUDSON AVE  
City-St-Zip: HUDSON, FL 34669

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID T FIMIANI

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date