

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H84115

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** SPIRIT FILLED SPRINKLER SYSTEMS, INC.

**Current Principal Place of Business:**

18141 MATT RD  
NORTH FORT MYERS, FL 33917 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 60441  
FT MYERS, FL 33906 US

**New Mailing Address:**

**FEI Number:** 59-2619145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DELEACAES, CHARLES P  
18141 MATT RD  
NORTH FORT MYERS, FL 33917 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: DELEACAES, CHARLES P PRESIDE  
Address: 18141 MATT RD  
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby 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 all other like empowered.

SIGNATURE: CHARLES DELEACAES

PRES

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date