


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 08:00 AM
Secretary of State

DOCUMENT # H90849
 1. Entity Name
VERO SPRINKLER SYSTEMS INC.



Principal Place of Business % JOHN R. KLUNTZ 2501 27TH AVE UNIT F1A VERO BEACH, FL 32960	Mailing Address % JOHN R. KLUNTZ PO BOX 1628 VERO BEACH, FL 32961-1628
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DO NOT WRITE IN THIS SPACE



08162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2637281	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KLUNTZ, JOHN R.
 9775 61ST PLACE
 SEBASTIAN, FL 32958

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaking)

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**

100000170480
 08/20/04-80002-012 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLUNTZ, JOHN R. 9775 61ST PLACE SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLUNTZ, ERICA 4460 60TH AVENUE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Erica A. Kluntz* *Erica A. Kluntz* **08-17-04** **772 807-1579**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #