2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State
01-20-2005 90029 001 ***158.75

DOCUMENT # J64371

1. Entity Name
SPRINKLERS INCORPORATED JSU LANDSCAPING CORPORATION

Principal Place of Business	Mailing Address
2111 50TH ST SW NAPLES, FL 34116-5754	12829 W. FOSS GROVE PATH INGLIS, FL 34449 US

%@20/3-666666F&

2. Principal Place of Business	3. Mailing Address
5492 N. SIERRA VISTA DR.	5492 N. SIERRA VISTA DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CRYSTAL RIVER, FL	City & State: CRYSTAL RIVER, FL
Zip: 34428 Country: USA	Zip: 34428 Country: USA

01142005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-2800329 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, JAMES M 12829 W FOSS GROVE PATH INGLIS, FL 34449	Name: SMITH, JAMES M. Street Address (P.O. Box Number is Not Acceptable): 5492 N. SIERRA VISTA DR. City: CRYSTAL RIVER, **FL** Zip Code: 34428

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 [signature] (JAMES M. SMITH) 1/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SMITH, JAMES M. 12829 W FOSS GROVE PATH INGLIS, FL 34449	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5492 N. SIERRA VISTA DR CRYSTAL RIVER, FL 34428
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SMITH, ALLIE R. 12829 W FOSS GROVE PATH INGLIS, FL 34449	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5492 N. SIERRA VISTA DR CRYSTAL RIVER FL 34428
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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)(i), 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: [signature] 1/14/05 352-563-9846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(JAMES M. SMITH)