

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 06, 2007 08:00 AM
Secretary of State**

DOCUMENT # J64371

1. Entity Name
**SPRINKLERS INCORPORATED JSU LANDSCAPING
CORPORATION**



Principal Place of Business
**5492 N. SIERRA VISTA DR
CRYSTAL RIVER, FL 34428**

Mailing Address
**5492 N. SIERRA VISTA DR
CRYSTAL RIVER, FL 34428 US**



02042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**SMITH, JAMES M
5492 N. SIERRA VISTA DR
CRYSTAL RIVER, FL 34428**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
SMITH, JAMES M.
5492 N. SIERRA VISTA DR
CRYSTAL RIVER, FL 34428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
SMITH, ALLIE R.
5492 N. SIERRA VISTA DR
CRYSTAL RIVER, FL 34428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000624499
02/14/07-80035-021 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/07 352-302-8024
Date Daytime Phone #