

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90070 049 \*\*\*150.00

**DOCUMENT # L14584**

1. Entity Name

ABLE SPRINKLER & SOLAR CO., INC.



Principal Place of Business

C/O JUDY WRIGHT  
4641 62ND AVE. N.  
PINELLAS PARK FL 33781

Mailing Address

4641 62ND AVE. N.  
PINELLAS PARK FL 33781

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3021766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

WRIGHT, JUDY  
4641 62ND AW NO  
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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

*Judy Wright*  
Signature, type or printed name of registered agent and title if applicable

*Judy Wright*  
(NOTE: Registered Agent signature required when reinstating)

DATE

*1.25.2006*

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME WRIGHT, JUDY  
STREET ADDRESS 4641 62ND AVE N  
CITY-ST-ZIP PINELLAS PARK FL

TITLE D ☐ Delete  
NAME SAYLES, ANNA  
STREET ADDRESS 911 BOCA CIEGA IS DR  
CITY-ST-ZIP ST PETE BCH FL

TITLE D ☐ Delete  
NAME JOINER HOLLY  
STREET ADDRESS 1265 B 85TH TR. N.  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ Delete  
NAME WILLING, DEBBY  
STREET ADDRESS 4641 62ND AVE N  
CITY-ST-ZIP PINELLAS PARK FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME *Holly McCausland*  
STREET ADDRESS  
CITY-ST-ZIP *LAST NAME - NOW married.*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Judy Wright*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/25/06 727-525-4603*