

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-3021766**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, JUDY
4641 62ND AVE 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

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME
STREET ADDRESS
CITY-STATE-ZIP
DP
WRIGHT, JUDY
4641 62ND AVE N
PINELLAS PARK FL ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
U000000635511
02/23/07-80017-010 150.00

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Debbi Willing 2.12.07 727-525-4603