2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L60421

FILED Feb 01, 2009 Secretary of State

Entity Name: A1A SPRINKLER SYSTEMS AND SERVICE, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	2ND LANE BEACH, FL 33	3445		
Current Mailing Address:		New Mailing Address	New Mailing Address:	
P.O. BOX DELRAY E	6601 BEACH, FL 33	3482		
FEI Number	: 65-0183757	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
	A, JAMES 2ND LANE BEACH, FL 33	3445 US		
4123 NW 2 DELRAY E The above	2ND LANE BEACH, FL 30		ourpose of changing its registered	d office or registered agent, or both,
4123 NW 2 DELRAY E The above	2ND LANE BEACH, FL 33 named entity of Florida.		ourpose of changing its registered	d office or registered agent, or both,
4123 NW 2 DELRAY E The above n the State	2ND LANE BEACH, FL 33 named entity of Florida. RE:			d office or registered agent, or both, Date
4123 NW 2 DELRAY E The above n the State SIGNATUI	2ND LANE BEACH, FL 33 named entity of Florida. RE: Electro	submits this statement for the p		
4123 NW 2 DELRAY E The above n the State SIGNATUI	2ND LANE BEACH, FL 33 named entity of Florida. RE: Electro	submits this statement for the particles of Registered Age on the following Trust Fund Contribution ().	ent	
4123 NW 2 DELRAY E The above n the State SIGNATUI	2ND LANE BEACH, FL 33 named entity of Florida. RE: Electro mpaign Financir S AND DIREC	submits this statement for the prince Signature of Registered Ageing Trust Fund Contribution (). CTORS:) Delete MES LANE	ent ADDITIONS/CHANGE	Date

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOREEN MCKENNA VPOS 02/01/2009