

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # M77432

1. Entity Name
KNEELAND'S SPRINKLER SYSTEMS, INC.



Principal Place of Business
**303 RILEY ROAD
NICEVILLE, FL 32578 US**

Mailing Address
**P.O. BOX 43
NICEVILLE, FL 32588-0043 US**



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2872119

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KNEELAND, JOHN
303 RILEY ROAD
NICEVILLE, FL 32578**

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	KING, KENNITH EDWIN
STREET ADDRESS	703 FAIRVIEW DRIVE
CITY-ST-ZIP	FT. WALTON BCH, FL 32547
TITLE	P
NAME	KNEELAND, JOHN
STREET ADDRESS	303 RILEY RD
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	ST
NAME	KNEELAND, JAYNEE
STREET ADDRESS	303 RILEY RD
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

John Kneeland *Jayne Kneeland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-11-08** Daytime Phone #