

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91236 029 ***150.00

DOCUMENT # M80473

1. Entity Name
ALL-AROUND SPRINKLERS, INC.



Principal Place of Business
**6660 E CALUMET CIRCLE
LAKE WORTH, FL 33467 US**

Mailing Address
**6660 E CALUMET CIRCLE
LAKE WORTH, FL 33467 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0049531

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AHO, JOHN D
300 GULFSTREAM BLVD
DELRAY BCH, FL 33435**

7. Name and Address of New Registered Agent

Name **ELIZABETH M. BROWN**
Street Address (P.O. Box Number is Not Acceptable)
3094 JOC ROAD
City **GREENACRES** FL Zip Code **33467**

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 *Elizabeth M. Brown* **ELIZABETH M. BROWN** **1/13/04**
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **LEWIS, DONNA L**
STREET ADDRESS **6660 E CALUMET CIRCLE**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **P** ☐ Delete
NAME **LEWIS, ALAN**
STREET ADDRESS **6660 E CALUMET CIRCLE**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **T** ☒ Delete
NAME **SHELHAMER, VIVIAN**
STREET ADDRESS **6014 DAQUIRI BAY**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Alan Lewis* **ALAN LEWIS** **President** **1/13/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #