


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2004 8:00 am
Secretary of State

06-24-2004 90079 024 ***150.00

DOCUMENT # P00000026239 1. Entity Name AFFORDABLE SPRINKLERS, INC.					
Principal Place of Business 1822 NW 19TH STREET FT LAUDERDALE, FL 33311			Mailing Address 1822 NW 19TH STREET FT LAUDERDALE, FL 33311		
2. Principal Place of Business 1822 N.W. 19TH STREET		3. Mailing Address 1822 N.W. 19TH STREET			
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A			
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL		4. FEI Number 65-0990347	
Zip 33311		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYES, RONALD 1822 NW 19TH STREET FT LAUDERDALE, FL 33311			7. Name and Address of New Registered Agent Name SAME 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 <u><i>Ronald Hayes</i></u> DATE <u><i>June 22 2004</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYES, RONALD 1822 NW 19TH STREET FT LAUDERDALE, FL 33311		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Ronald Hayes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>June 22 2004 954 658-3806</i></u> <small>Date Daytime Phone #</small>		



1822 N.W. 19 Street
Fort Lauderdale, fl 33311
(954) 764-6966
(954) 764-8183 Fax

Attachment-

P0000002639
54058677

June 22, 2004

Division of Corporation
P.O. Box 1500
Tallahassee, Fl 32302-1500

Re.: Annual Report 2004

To Whom It May Concerned. We never receive a notice of renewal in the mail this year. We mail payment back in February and as of June 22, 2004 we was informed that payment was not receive as of yet. So, there for we are sending our payment again.-Would please waiver the fee because of the mail system.

Thank you for your anticipated attention and cooperation to this matter.

Sincerely,


Ron Hayes