


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90085 005 \*\*\*150.00

<b>DOCUMENT # P00000047135</b> 1. Entity Name <b>SUN &amp; MOON SPRINKLERS, INC.</b>																																																																																													
Principal Place of Business <b>1602 SOUTH CYPRESS RD, SUITE 5 POMPANO BEACH FL 33060</b>			Mailing Address <b>72 E. MCNAB RD GPN 121 POMPANO BEACH FL 33060</b>																																																																																										
2. Principal Place of Business <b>72 E. MCNAB ROAD</b>		3. Mailing Address  																																																																																											
Suite, Apt. #, etc. <b># 51</b>		Suite, Apt. #, etc.  																																																																																											
City & State <b>POMPANO BEACH</b>		City & State  																																																																																											
Zip <b>33060</b>		Country <b>BROWARD</b>		Zip  																																																																																									
Country  		Zip  		Country  																																																																																									
6. Name and Address of Current Registered Agent  <b>FRANK, SEAN 72 E. MCNAB RD GPN 121 POMPANO BEACH FL 33060</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)   City  <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																										
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 70%;">NAME <b>FRANK, SEAN</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"><b>1602 SOUTH CYPRESS RD, SUITE 5</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"><b>POMPANO BEACH FL 33060</b></td> </tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 70%;">NAME <b>72 E. MCNAB ROAD, #51</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"><b>POMPANO BEACH, FL 33060</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"><b>FL 33060</b></td> </tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME <b>FRANK, SEAN</b>	STREET ADDRESS	<b>1602 SOUTH CYPRESS RD, SUITE 5</b>			CITY-ST-ZIP	<b>POMPANO BEACH FL 33060</b>																																			TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>72 E. MCNAB ROAD, #51</b>	STREET ADDRESS	<b>POMPANO BEACH, FL 33060</b>			CITY-ST-ZIP	<b>FL 33060</b>																																		
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/04

Date

(954) 942-9854

Daytime Phone #