2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P01000107336

1. Entity Name

GRIMALDI'S SPRINKLER SYSTEMS AND LANDSCAPE DESIGN, INC.

FILED Apr 28, 2005 8:00 am Secretary of State

04-28-2005 90163 024 ***150.00

					400	253						
2633 N LECANTO HIGHWAY				Mailing Address 2633 N LECANTO HIGHWAY LECANTO, FL 34461			14003227					
2. Principal Place of Business 3.			3. 1	3. Mailing Address								
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.				04212005	Chg-P	CR2	E034 (10/03)	
City & State			C	City & State				4. FEI Numb			<u> </u>	pplied For ot Applicable
Zip Country			Z	Zip Country				5. Certificate	of Status Desir	ed 🗍	\$8.75 Ad Fee Require	
	6. Name	and Address of Current I	Regist	ered Agent				7. Name and	Address of N	ew Registere	d Agent	
						Name						
JARRETT, DEBORAH L 2633 N LECANTO HIGHWAY LECANTO, FL 34461					Street Address (P.O. Box Number is Not Acceptable)							
						City				F	Zip Cod	de
9 The shows	named antitu	cubmits this statement for	tha n	urnous of changing its	rogistor	od office or r	ogistor	ad agent or he	th in the State			and aggent
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												
		FEE IS \$150.00 i Fee will be \$550.0	00	9. Election Campa Trust Fund Cont	_	ncing		.00 May Be led to Fees				
10.		OFFICERS AND	DIREC	TORS	11.			ADDITIONS	/CHANGES TO	OFFICERS A	ND DIRECTOR	RS IN 11
TITLE	PS			☐ Delete	TITLI	E					☐ Change	Addition
NAME	JARRETT,	, DEBORAH L			NAM	IE .						_
STREET ADDRESS	2633 N LE	CANTO HIGHWAY		STRE		EET ADDRESS						
CITY-ST-ZIP	LECANTO	, FL 34461			CITY	'-ST-ZIP						
TITLE	Т			☐ Delete	TITLI	E					Change	☐ Addition
NAME	GRIMALD	I, JOSEPH			NAM	IE						_
STREET ADDRESS	2633 N LE	CANTO HIGHWAY			STRE	EET ADDRESS						
CITY-ST-ZIP	LECANTO	, FL 34461			CITY	-ST-ZIP						
TITLE	T			☐ Delete	TITLI	E					☐ Change	Addition
NAME		, JAMES T			NAM							
STREET ADDRESS		ECANTO HWY.			4	EET ADDRESS						
CITY-ST-ZIP), FL 34461				-ST-ZIP						
TITLE	OFF	LIOSERII		Delete	TITL						☐ Change	Addition
NAME Street address		I, JOSEPH ECANTO HWY.			NAM	EET ADORESS						
CITY-ST-ZIP), FL 34461				-S1-ZIP						
TITLE				☐ Delete	TITL	F					☐ Change	☐ Addition
NAME				L DOISIG	NAM							
STREET ADORESS					STRE	EET ADDRESS						
CITY-ST-ZIP					CITY	'-ST-ZIP						
TITLE				Delete	TITU	E			<u> </u>		☐ Change	☐ Addition
NAME				•	NAM							
STREET ADDRESS CITY-ST-ZIP					1	EET ADDRESS '-ST-ZIP						
	ertify that the	information supplied with	this fil	ing does not qualify for			d in Sa	oction 118 07/23	(i) Florida State	top I further	certify that the	information
i i i i i i i i i i i i i i i i i i i	sering man blo	minormation applied with	71112 111	ing does not quality to	nic exe	inhuoii grafe	0 111 00	2000 - 12.07(3)	to, i londa statt	ica. I iuriildi	coming manife	HIOHIDERUH

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: Deborah L. JARREH	4-25-05	- 352527-666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #