

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000016555

FILED
May 21, 2009
Secretary of State

Entity Name: AFFORDABLE SPRINKLERS/LANDSCAPING INC.

Current Principal Place of Business:

3702 BAY TREE ROAD
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

3702 BAY TREE ROAD
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 04-3621229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POMPEY, ANTHONY
3702 BAY TREE ROAD
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

POMPEY, ANTHONY G OWNER
3702 BAY TREE ROAD
LYNN HAVEN, FL 32444 US

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.

SIGNATURE: ANTHONY G. POMPEY

05/21/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POMPEY, ANTHONY
Address: 3702 BAY TREE ROAD
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POMPEY, ANTHONY G OWNER
Address: 3702 BAY TREE ROAD
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY G. POMPEY

P

05/21/2009

Electronic Signature of Signing Officer or Director

Date