## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P02000034082

1. Entity Name
NUNEZ LAWN SPRINKLERS, INC.



**FILED** Apr 22, 2004 8:00 am Secretary of State

04-22-2004 90108 049 \*\*\*150.00

Findings Place of Business 16711 COLINS AVENUE
#1005 SUNNY ISLAND, FL 33160  SUNNY ISLAND, FL 33160  City & State  C
SURNY ISLAND, FL 33160  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  A FEI Number   Applied For   Ap
2. Principal Place of Business   3. Mailing Address    Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   01262004   Chg-P   CR2E034 (10/03)  City & State   City & State   4. FE Number   Applied for   Mod Applicable    ### Sec.   Suite, Apt. 4, etc.   125
Suite, Apt. #, etc.    Suite, Apt. #, etc.   O1282004   Chg.P   CR2E034 (10/03)
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### Addition  #### Addition  ###################################
SUNNY ISLAND, FL 33160  8. The above named entity submits this statement for the purpose of changing its registered Agent and store and address of Po. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and site if applicables.  RICTE. Registered Agent signature required when retreating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1; 2004 Fee will be \$550.00  PD
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  NUNEZ, LEONEL 16711 COLLINS AVE. #1005  SURNY ISLAND, FL 33160  City FL Zip Code
NUNEZ, LEONEL 16711 COLLINS AVE. #1005 SUNNY ISLAND, FL 33160  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 Signature Types or privage rame of registered agent, and site if accidable. (NOTE: Registered Agent signature required when revisitance)  PILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE NOME NUNEZ, LEONEL 1.  STREET ADDRESS CITY-SI-ZIP  INTE NAME SIREET ADDRESS CITY-SI-ZIP  INTE SIREET ADDRESS CITY-SI-ZIP  INTE SIREET ADDRESS CITY-SI-ZIP  INTE SIREET ADDRESS CITY-SI-ZIP SIREET ADDRESS SIREET ADRESS SIREET ADDRESS SIRE
NUNEZ, LEONEL 16711 COLLINS AVE. #1005 SUNNY ISLAND, FL 33180  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 and the Faceboards. (NOTE Registered Agent signature required when reintations)  After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  PD  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11.  TILLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TILLE  Oblide  TILLE
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  Sortium, poed to principle name of registered agent and title if applicable. (NOTE Registered Agent algorature required when reinitations)  PILE NOW!!! FEE IS \$150.00  After May 1; 2004 Fee will be \$550.00  PIUSI FUND Contribution. After May 1; 2004 Fee will be \$550.00  After May 1; 2004 Fee will be \$550.00  TIUSI FUND Contribution. ANAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete TITLE  Delete TITLE  Delete TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  STREE
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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 and sile if applicable.    Signature Transport   Signature Transp
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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 of 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: