

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90200 009 \*\*\*150.00

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<b>DOCUMENT # P02000041985</b> 1. Entity Name <b>SPRINKLERS UNLIMITED, INC.</b>																													
Principal Place of Business <b>10970 GROVE TERRACE SEMINOLE, FL 33772</b>			Mailing Address <b>10922 57TH AVENUE SEMINOLE, FL 33772</b>																										
2. Principal Place of Business <b>10922 57th AVENUE</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		04142004    Chg-P    CR2E034 (10/03)																									
City & State <b>SEMINOLE    FL</b>		City & State _____		4. FEI Number <b>68-0498813</b>																									
Zip <b>33772</b>		Country _____		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>BROAD, DAVID 10970 GROVE TERRACE SEMINOLE, FL 33772</b>				7. Name and Address of New Registered Agent Name <b>BROAD, DAVID</b> Street Address (P.O. Box Number is Not Acceptable) <b>10922 57th AVE</b> City <b>SEMINOLE</b> <b>FL</b> Zip Code <b>33772</b>																									
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>David Broad</i></u> <b>DAVID BROAD</b> <u>4-14-04</u> <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>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D BROAD, DAVID</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">10970 GROVE TERRACE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">SEMINOLE, FL 33772</td> </tr> </table>			TITLE	D BROAD, DAVID	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	10970 GROVE TERRACE		CITY-ST-ZIP	SEMINOLE, FL 33772		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P BROAD, DAVID</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">10922 57th AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">SEMINOLE FL 33772</td> </tr> </table>			TITLE	P BROAD, DAVID	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	10922 57th AVE		CITY-ST-ZIP	SEMINOLE FL 33772	
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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: <u><i>David Broad</i></u> <b>DAVID BROAD</b> <u>4-14-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small> <div style="text-align: center;"><b>PRESIDENT</b></div>																													