

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008465

FILED
Apr 30, 2005
Secretary of State

Entity Name: BETTER SPRINKLER SERVICE, INC.

Current Principal Place of Business:

432 SE 23RD TERRACE
CAPE CORAL, FL 33990 US

New Principal Place of Business:

2105 N.E. 7TH PLACE
CAPE CORAL, FL 33909 US

Current Mailing Address:

4150 HANCOCK BRIDGE PKWY
UNIT 23 SUITE 110
NORTH FORT MYERS, FL 33903 US

New Mailing Address:

FEI Number: 83-0347196 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RINALD, JOHN A
432 SE 23RD TERRACE
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

RINALD, JOHN A
2105 N.E. 7TH PLACE
CAPE CORAL, FL 33909 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: JOHN A RINALD

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RINALD, JOHN A
Address: 432 SE 23RD TERRACE
City-St-Zip: CAPE CORAL, FL 33990 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RINALD, JOHN A
Address: 2105 N.E. 7TH PLACE
City-St-Zip: CAPE CORAL, FL 33909 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN A RINALD

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date