

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000033850

1. Entity Name
R & R SPRINKLERS OF NAPLES, INC.



Principal Place of Business
602 97TH AVENUE NORTH
NAPLES, FL 34108

Mailing Address
602 97TH AVENUE NORTH
NAPLES, FL 34108

**FILED
Mar 21, 2005 08:00 AM
Secretary of State**



03122005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2423019	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUIZ, ROLANDO
602 97TH AVENUE NORTH
NAPLES, FL 34108

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

U000000270591
03/21/05-80013-012 150.00

10. OFFICERS AND DIRECTORS

TITLE PT
NAME RUIZ, ROLANDO
STREET ADDRESS 602 97TH AVENUE NORTH
CITY-ST-ZIP NAPLES, FL 34108

TITLE VS
NAME RUIZ, DAISY
STREET ADDRESS 602 97TH AVENUE NORTH
CITY-ST-ZIP NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #