


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000117793

1. Entity Name
ALL WET SPRINKLER SYSTEMS, INC.



Principal Place of Business 950 VINCENT DRIVE MOUNT DORA, FL 32757	Mailing Address 950 VINCENT DRIVE MOUNT DORA, FL 32757
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DO NOT WRITE IN THIS SPACE



01142006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0324851	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHANNINGSMEIER, ROBERT
 950 VINCENT DRIVE
 MOUNT DORA, FL 32757**

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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHANNINGSMEIER, ROBERT 950 VINCENT DRIVE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHANNINGSMEIER, ROBERT 950 VINCENT DRIVE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHANNINGSMEIER, ROBERT 950 VINCENT DRIVE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHANNINGSMEIER, ROBERT 950 VINCENT DRIVE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000471024
 03/28/06-80037-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **J-15-06**
 _____ Date _____ Daytime Phone # _____