

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000126645

1. Entity Name  
FLORIDA SPRINKLERS, INC.



**FILED  
Apr 06, 2005 8:00 am  
Secretary of State**

04-06-2005 90106 017 \*\*\*150.00

Principal Place of Business  
4811 ALCAZAR WAY SOUTH  
ST PETERSBURG, FL 33712

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03262005 Chg-P CR2E034 (10/03)

4. FEI Number  
20-0419507      Applied For  
Not Applicable

5. Certificate of Status Desired       \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MYERS, ROBERT J  
1135 PASADENA AVE SOUTH  
SUITE 140  
ST PETERSBURG, FL 33707

Name

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

(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

10. OFFICERS AND DIRECTORS

TITLE      PTD  
NAME      GLISSON, MICHAEL C  
STREET ADDRESS      4811 ALCAZAR WAY SOUTH  
CITY-ST-ZIP      ST PETERSBURG, FL 33712

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PTD       Change       Addition

TITLE      S  
NAME      BURDETT, ERNIE  
STREET ADDRESS      4811 ALCAZAR WAY SOUTH  
CITY-ST-ZIP      ST PETERSBURG, FL 33712

Change       Addition

TITLE       Delete  
NAME       Delete  
STREET ADDRESS       Delete  
CITY-ST-ZIP       Delete

Change       Addition

TITLE       Delete  
NAME       Delete  
STREET ADDRESS       Delete  
CITY-ST-ZIP       Delete

Change       Addition

TITLE       Delete  
NAME       Delete  
STREET ADDRESS       Delete  
CITY-ST-ZIP       Delete

Change       Addition

TITLE       Delete  
NAME       Delete  
STREET ADDRESS       Delete  
CITY-ST-ZIP       Delete

Change       Addition

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

Michael Glisson

4/1/05

Date

Daytime Phone #