

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000126645**

1. Entity Name  
**FLORIDA SPRINKLERS, INC.**



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

Mailing Address  
**4811 ALCAZAR WAY SOUTH  
ST PETERSBURG, FL 33712**



01302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0419507**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fees Required

**6. Name and Address of Current Registered Agent**

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

**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, 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  
**PTOS  
GLISSON, MICHAEL C  
4811 ALCAZAR WAY SOUTH  
ST PETERSBURG, FL 33712**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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04/12/06-80053-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Michael C Glisson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-27-06**  
Date

**727-867-6088**  
Daytime Phone