


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P03000132092 |  |
| 1. Entity Name QUALITY SPRINKLER SYSTEMS CORP. | |

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|--|--|
| Principal Place of Business 3291 SOUTH EAST 188 TERRACE MORRISTON, FL 32668 US | Mailing Address 3291 SOUTH EAST 188 TERRACE MORRISTON, FL 32668 US |
|--|--|

DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 56-2415762 | 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

**ANDREWS, CAROL
3291 SOUTH EAST 188 TERRACE
MORRISTON, FL 32668**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

| | | | |
|----------------------|-----------------------------------|--|---|
| TITLE PRES | NAME ANDREWS, WILLIAM J | STREET ADDRESS 3291 SOUTH EAST 188 TERRACE | CITY-ST-ZIP MORRISTON, FL 32668 |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
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| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |

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1000000197200
01/26/05-80103-005 150.00

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: *W. J. Andrews* **22 JAN 2005 (352) 529-0161**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #