## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT (AR) DOCUMENT # P03000140055 1. Entity Name MR. SPRINKLER OF SO. FL., INC.

## **FILED** Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90155 025 \*\*\*150.00

|  |  |  |                          |   | OF WATER  |  |                                   |   |                            |                               |  |
|--|--|--|--------------------------|---|---|--|-----------------------------------|---|----------------------------|-------------------------------|--|
| Principal Place<br>2831 N.E. 7T<br>POMPANO B                           |  | Mailing Address<br>2831 N.E. 7TH TERRACE<br>POMPANO BEACH FL 33064 |                          |   | .   | 000020                                   |                                   |   |                            |                               |  |
| Principal Place of Business - No P.O. Box.#     Mailing Address        |  |  |                          |   |   |  | BRITARI İTE BAYES ITTİL BARIA BAR | isa mmimi dimil mimil 401               | II 92181 AMBI BII          | isei II (BB)                  |  |
| Suite, Apt. 1  | t. etc.  | Suite, Apt. #, etc.  |                          |   | 1   | 1st MOORE CR2E034 (10/07)                |                                   |   |                            |                               |  |
| City & State   |  | City & State   |                          |   | 1   | 4. FEI Nun                               | 4. FEI Number 45-0530750          |   |                            | Applied For<br>Not Applicable |  |
| Zıp  | Country Zip  |  | Country                  |   | 5. Certifica  | L & Cartificate of Status Desired III TE |                                   |   | .75 Additional<br>Required |                               |  |
|  | 6. Name and Address of Current   | Registered   | Agent                    |   |   | 7. Name a                                | nd Address of New                 | Registered Ag                           | jent                       |                               |  |
| RATAICZAK, DELANO E<br>2831 N.E. 7TH TERRACE<br>POMPANO BEACH FL 33064 |  |  |                          |   | Name Street Address (P.O. Box Number is Not Acceptable) |  |                                   |   |                            |                               |  |
|  |  |  |                          | City  |   |  |                                   | FL                                      | Zip Code                   | 9                             |  |
| the obligation   | named entity submits this statement fo<br>ons of registered agent.<br>Sonature, typed or praired near of registered agent  |  |                          |   |   | gistered agent, or                       |                                   | Florida. I am fa                        | miliar with,               | and accept                    |  |
| After  | LE NOW!!! FEE IS \$150.00<br>May 1, 2008 Fee Will Be \$550.00<br>Payable to Florida Department o   |  |                          |   |   |  | 9. Election Cam<br>Trust Fund C   |   |                            | 00 May Be<br>ed to Fees       |  |
| 10.  | OFFICERS AND   | DIRECTOR   | S                        | 11.   |   | ADDITION                                 | IS/CHANGES TO O                   | FFICERS AND I                           | DIRECTOR!                  | S IN 11                       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  | D<br>RATAICZAK, DELANO E<br>2831 N.E. 7TH TERRACE<br>POMPANO BEACH FL 33064  |  | ☐ Delete                 | TITLE NAME STREET ADDR CITY-ST-ZIP          |   |  |                                   | · ·                                     | Change                     | ☐ Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  |  |  | □ Dæete                  | TITLE<br>HAME<br>STREET ADDR<br>CITY-ST-ZIP | ess 2<br>P  | 1na Hele<br>831 NE 7<br>Ompano B         | n Rataicz<br>Terrace<br>each, FL  | ak                                      | ☐ Change                   |                               |  |
| TITLE NAME STREET AUDRESS CITY-ST-ZIP                                  |  |  | □ De⊧ete                 | THTLE<br>NAME<br>SIHEÉI ADUH<br>CITY-ST-ZIP | ness   j  | lark Rata<br>621 NE <sup>-3</sup>        |                                   | 33064                                   | Change                     | ⊠ Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  |  |  | ☐ Dælete                 | TITLE<br>NAME<br>STREET ADDR<br>CITY-ST-ZIP | D<br>S<br>RESS 6  | )<br>Shawn Rat<br>6176 Gatu              | aiczak                            |   | ☐ Change                   | Addition                      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  |  |  | ☐ Delete                 | TITLE<br>NAME<br>STREET ADDR<br>CITY-ST-ZIP | RESS  |  | •                                 |   | ☐ Change                   | ☐ Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  |  |  | □ Delete                 | TITLE<br>NAME<br>STREET ADDR<br>CITY-ST-ZIP | í   | _  |                                   | ., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ☐ Change                   | Addition                      |  |
| indicated<br>of the co   | certify that the information supplied we ton this report or supplemental report operation or the receiver or trustee energy or on an attachment with an address. | is true and a<br>spowered to                                       | securate and that report | my signature si<br>rt as required t         | :nall hav   | /e the same legal 9                      | etrect as it made und             | er oain: mai Ta                         | ım an effice               | r or alrector                 |  |

Mature and Typed or Printed Ware of Signing Process or Director

SIGNATURE: