2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140055

RATAICZAK, SHAWN

PORT SAINT LUCIE, FL 34986

6176 GATUN DR

Name:

Address:

City-St-Zip:

Entity Name: MP SPRINKLER OF SO FL. INC.

FILED Jan 23, 2009 Secretary of State

Littly Na	IIIC. WIK. OF N	MINKLER	OF 30. F L., INC.				
Current Principal Place of Business:				New Principal Place of Business:			
	7TH TERRAC O BEACH, FL						
Current Mailing Address:				New Mailing Address:			
	7TH TERRAC O BEACH, FL						
FEI Number	: 45-0530750	FEI Nu	mber Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current F	Registered Agent:	Name and	d Address	of New Registered Agent:	
2831 N.E.	AK, DELANO E 7TH TERRAC O BEACH, FL	Έ	US				
	named entity e of Florida.	submits t	his statement for the μ	ourpose of changing	its register	red office or registered agent, or both,	
SIGNATUI	RE:						
	Electro	nic Signa	ture of Registered Age	ent		Date	
Election Ca	mpaign Financin	g Trust Fu	nd Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D (RATAICZAK, D 2831 N.E. 7TH POMPANO BE	TERRACE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S (RATAICZAK, E 2831 NE 7 TER POMPANO BE	₹		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (RATAICZAK, M 1521 NE 33 CT POMPANO BE	Γ	3064	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	D () Delete		Title:	D	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

RATAICZAK, SHAWN

1734 SW ALBERCA LANE

PORT SAINT LUCIE, FL 34953

SIGNATURE: DELANO E. RATAICZAK D 01/23/2009