

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000158078

1. Entity Name  
DAVE'S SPRINKLER REPAIR, INC.



05 APR 19 PM 3:07

Principal Place of Business  
P O BOX 367702  
BONITA SPRINGS, FL 34136

Mailing Address  
P O BOX 367702  
BONITA SPRINGS, FL 34136

2. Principal Place of Business

3. Mailing Address



01/24/05 01048 009 \$35.00  
02162005 Chg-P CR2E034 (10/03)

05

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

20-07-00 738

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASS, GARY  
1617 HENDRY DR  
# 316  
FT MYERS, FL 33901

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 of person in charge of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/25

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
PVS  
WHITE, NEIDA  
STREET ADDRESS  
P O BOX 367702  
CITY-ST-ZIP  
BONITA SPRINGS, FL 34136

TITLE  
NAME  
PS  
White, Neida  
STREET ADDRESS  
P.O. Box 367702  
CITY-ST-ZIP  
Bonita Springs, FL 34136

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
V  
White, David  
STREET ADDRESS  
P.O. Box 367702  
CITY-ST-ZIP  
Bonita Springs, FL 34136

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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: x Neida White Neida White 4-12-05 239-275-8569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

66