

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90048 035 ***150.00

DOCUMENT # P04000022961

1. Entity Name

BONITA SPRINKLER SERVICE, INC.



Principal Place of Business

27299 TENNESSEE ST
BONITA SPRINGS FL 34135

Mailing Address

27299 TENNESSEE ST
BONITA SPRINGS FL 34135



2. Principal Place of Business

6210 TIDEWATER ISLAND CIR.

3. Mailing Address

6210 TIDEWATER ISLAND CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

FORT MYERS, FL

City & State

FORT MYERS FL

4. FEI Number

20-0693483

Applied For

Not Applicable

Zip

33908

Country

LEE

Zip

33908

Country

LEE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEIST, DAVID A
27299 TENNESSEE ST
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name

GEIST, DAVID A.

Street Address (P.O. Box Number is Not Acceptable)

6210 TIDEWATER ISLAND CIRCLE

City

FORT MYERS

FL

Zip Code

33908

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

DAVID A. GEIST

David A. Geist

2-2-06

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GEIST, DAVID A
STREET ADDRESS 27299 TENNESSEE ST
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE V ☐ Delete
NAME GEIST, DANIEL B
STREET ADDRESS 13270 CORBEL CIR, #1724
CITY-ST-ZIP FORT MYERS FL 33907

TITLE D ☐ Delete
NAME GEIST, KATHY R
STREET ADDRESS 27299 TENNESSEE ST
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME GEIST, DAVID A.
STREET ADDRESS 6210 TIDEWATER ISLAND CIRCLE
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE VP ☒ Change ☐ Addition
NAME GEIST, DANIEL B
STREET ADDRESS 8075 PACIFIC BEACH DR.
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE D ☒ Change ☐ Addition
NAME GEIST, KATHY R.
STREET ADDRESS 6210 TIDEWATER ISLAND CIR.
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

David A. Geist

DAVID A. GEIST

2-2-06

239-273-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #