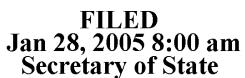
2005 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P0400055981 1. Entity Name NATURE COAST SPRINKLERS, INC.											-	***158.7	
Principal Place of Business 1273 MARKHAM AVE 1273 MARKHAM AVE 5PRING HILL, FL 34606 SPRING HILL, FL 34606						-		! 				5001	08071
2. Principal Place of Business			3. 1	3. Mailing Address									
Suite, Apt. #, etc.			5	Suite, Apt. #, etc.				01262005	Chg-I	5	CR2E0	34 (10/03)	
City & State			(City & State				4. FEI Numbe	10-1	943	968	 	Applicable
Zip	Country		2	Zip Co		intry		5. Certificate	of Status D	esired		\$8.75 Addi ee Required	tional
6. Name and Address of Current F				tered Agent	Name		7. Name and	Address o	f New Re	gistered A	gent		
HORSTMANSHOF, RICHARD L 1273 MARKHAM AVE SPRING HILL, FL 34606					Street Add	iress (F	P.O. Box Numbe	er is Not Ad	ceptable)			
		***				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, typed	l or printed name of registered a	gent and litle	l applicable. (NOT)	E: Registere	d Agent signature i	required	when reinstating)	····	<u> ۽ </u>	DATE	· · ·	
		FEE IS \$150.00 5 Fee will be \$55	0.00	Election Campa Trust Fund Cont		ncing	\$5. Add	00 May Be ed to Fees					
10.	·_	OFFICERS A	ND DIREC		11.			ADDITIONS/	CHANGES	TO OFF	CERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	1273 MAI	IANSHOF. RICHARI RKHAM AVE HILL, FL: 34606) L	· Delete	E Et address -st-zip						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1271 MAI	ON, BRIAN K RKHAM AVE HILL, FL 34606		□ Delete	E EET ADDRESS -ST-ZIP						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		r	☐ Delete		1				٠. معر		Change .	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		☐ Delete		I .	-					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		- 1						Change	☐ Addition
NAME . STREET ADDRESS. CITY-ST-ZIP		÷	* 1	☐ Delete				Service Control				· Change	- 🔼 Addition
12. I hereby certify that the information supplied with this filling 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 signortify 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 explute 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 appowered. SIGNATURE: SIGNATURE SIGNATURE OR PRINTED DAME OF SIGNING OFFICER OR DIRECTOR													