

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137176

FILED  
Apr 18, 2009  
Secretary of State

Entity Name: SPRINKLER SYSTEMS INNOVATIONS, INC.

**Current Principal Place of Business:**

289 NW 47TH TERRACE  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4247  
DEERFIELD BEACH, FL 334424247

**New Mailing Address:**

FEI Number: 20-1988608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COONS, LOUIS  
289 NW 47TH TERR  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COONS, LOUIS  
Address: 289 NW 47TH TERRACE  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VTS ( ) Delete  
Name: COONS, LOUIS  
Address: 289 NW 47TH TERRACE  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: DS ( ) Delete  
Name: COONS, JOANNE  
Address: 289 NW 47 TERRACE  
City-St-Zip: DEERFIELD BEACH, FL 334429322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JOANNE COONS

DS

04/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date