


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90035 026 ***150.00

DOCUMENT # P05000025458	
1. Entity Name FOUR SEASONS SPRINKLER SYSTEMS, INC.	

Principal Place of Business 15509 JULIETS COURT HUDSON, FL 34667	Mailing Address 15509 JULIETS COURT HUDSON, FL 34667
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



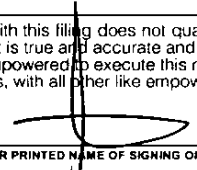
04092008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
CORPORATION.SERVICE.COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	

7. Name and Address of New Registered Agent	
Name	ANTHONY S. CAMMARANO
Street Address (P.O. Box Number is Not Acceptable)	15509 JULIETS COURT
City	HUDSON
State	FL
Zip Code	34667

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	DATE 04/09/08
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	TITLE
NAME	CAMMARANO, ANTHONY S	NAME
STREET ADDRESS	15509 JULIETS COURT	STREET ADDRESS
CITY-ST-ZIP	HUDSON, FL 34667	CITY-ST-ZIP
TITLE		TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
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TITLE		TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	DATE 04/09/08 (727) 843 8443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	