

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-11-2008 90054 035 ***150.00

DOCUMENT # P07000013500 1. Entity Name STEVE'S SPRINKLER SYSTEMS, INC.					
Principal Place of Business 6540 MAT-TEE DR SEBRING, FL 33875			Mailing Address 6540 MAT-TEE DR SEBRING, FL 33875		
2. Principal Place of Business - No P.O. Box # Suite, Apt., #, etc.			3. Mailing Address Suite, Apt., #, etc.		
City & State Zip Country			City & State Zip Country		
<div style="display: flex; justify-content: space-between;"> 02052008 Chg-P CR2E034 (12/06) <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 65-1296799 </div> <div style="border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CLAIR, STEVEN M 6540 MAT-TEE DR SEBRING, FL 33875				7. Name and Address of New Registered Agent 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	P CLAIR, STEVEN M 6540 MAT-TEE DR SEBRING, FL 33875 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Steven M. Clair</u> TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: <u>2/5/08</u> Daytime Phone #: <u>863-381-2419</u>	