

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000062952

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: SPRINKLER SERVICES& LANDSCAPE LIGHTING INC.

## Current Principal Place of Business:

800 DOG LEG TRAIL  
OSTEEN, FL 32764

## New Principal Place of Business:

## Current Mailing Address:

800 DOG LEG TRAIL  
OSTEEN, FL 32764

## New Mailing Address:

FEI Number: 26-2900351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEON, RAUL  
121 MAGNOILA PARK TRAIL  
SANFORD, FL 32773 US

## Name and Address of New Registered Agent:

LEON, RAUL A  
2416 ORANGE AVENUE  
SANFORD, FL 32771 US

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: RAUL A LEON

03/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEON, RAUL  
Address: 121 MAGNOILA PARK TRAIL  
City-St-Zip: SANFORD, FL 32773

Title: VP ( ) Delete  
Name: HARLE, FRANK  
Address: 800 DOG LEG TRAIL  
City-St-Zip: OSTEEN, FL 32764

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEON, RAUL A  
Address: 2416 ORANGE AVENUE  
City-St-Zip: SANFORD, FL 32771

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

Title: SC ( ) Change (X) Addition  
Name: FRANCES, HARLE B  
Address: 800 DOG LEG TRAIL  
City-St-Zip: OSTEEN, FL 32764

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: RAUL A LEON

P

03/11/2009

Electronic Signature of Signing Officer or Director

Date