## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000033231

Title:

Name:

Address:

City-St-Zip:

FILED Apr 20, 2006 Secretary of State

Entity Nar	me: FIRE SPR	RINKLER SERVICES, I	NC.		•		
Current Principal Place of Business:			New Prin	New Principal Place of Business:			
	ERO ROAD VILLE, FL 322	11 US					
Current Mailing Address:			New Mail	New Mailing Address:			
P.O. BOX JACKSON	11171 VILLE, FL 322	39 US					
FEI Number:	: 59-3183861	FEI Number Applied Fo	r() FEI Number Not App	olicable ( )	Certificate of Status Des	ired()	
Name and	Address of C	urrent Registered Ag	jent: Name and	d Address of	New Registered Agent	t:	
50 N. LAUI	DNEY E SKINN RA ST., STE 3 VILLE, FL 322	300					
	named entity s e of Florida.	submits this statement	for the purpose of changing	its registered	office or registered ager	nt, or both,	
SIGNATUR	RE:						
Election Car		ic Signature of Registe  Trust Fund Contribution	_		Date		
	S AND DIREC			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
	- ,						
Title:	. ,	Delete	Title:		X) Change ( ) Addition		
Name:	MATTHEWS, RO		Name:	MATTHEWS, I			
Address: City-St-Zip:	24 BEACHSIDE PALM COAST, F		Address: City-St-Zip:	JACKSONVILI	RECK CIRCLE SOUTH		
City-St-Zip.	FALIVI COAST, I	FL 32131	City-St-Zip.	JACKSONVILI	LE, FL 32224		
Title:	VP ()	Delete	Title:	Т ()	X) Change ( ) Addition		
Name:	AILSTOCK, DAV		Name:	MICKLER, JÙ			
Address:	8545 ACREE RO		Address:	55690 YELLO	W JACKET DRIVE		
City-St-Zip:	JACKSONVILLE	E, FL	City-St-Zip:	CALLAHAN, F	L 32011		
Title:	P ()	Doloto	Title:	VP (	V) Change ( ) Addition		
Name:	MATTHEWS, RO	Delete ORERTE III	Name:	AILSTOCK, D	X) Change ( ) Addition		
Address:	•	ECK CIRCLE SOUTH	Address:	8545 ACREE			
City-St-Zip:	JACKSONVILLE		City-St-Zip:	JACKSONVILI			
Title	т ()	Doloto	Title:	s o	Y) Change ( ) Addition		
Title: Name:	T () MICKLER, JUDI	Delete D.P.	nitie: Name:	MATTHEWS,	X) Change ()Addition		
Address:		/ JACKET DRIVE	Address:	2673 PRIMRO			
City-St-Zip:	CALLAHAN, FL		City-St-Zip:	MIDDLEBURG			

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JUDD P. MICKLER T 04/20/2006

(X) Delete

MATTHEWS, THOMAS E

4586 SANTA CLARA AVE

MIDDLEBURG, FL 32068

( ) Change ( ) Addition