## . ~ 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P93000062809

1. Entity Name

KUZNIK SPRINKLERS, INC.



FILED Jan 07, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1900 NORTHWEST 107TH AVENUE PEMBROKE PINES, FL 33026

1900 NORTHWEST 107TH AVENUE PEMBROKE PINES, FL 33026



01032008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0435335

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

KUZNIK, DIANE 1900 NORTHWEST 107TH AVENUE PEMBROKE PINES, FL 33026

## DO NOT WRITE IN THIS SPACE

				) III	ITIIS SPACE
	named entity submits this statement for the plions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registers	d Agent signature	required when reinstating)	DAIE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	I		L
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUZNIK, THOMAS JR. 1900 NORTHWEST 107TH AVENUE PEMBROKE PINES, FL 33026				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUZNIK, THOMAS III 1900 NORTHWEST 107TH AVENUE PEMBROKE PINES, FL 33026				
NAME STREET ADDRESS CITY-ST-ZIP	STD KUZNIK, DIANE 1900 NORTHWEST 107TH AVENUE PEMBROKE PINES, FL 33026			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST- ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS					

12. Thereby 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 attachmept with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GRATURE AND TYPED OF PRINTED NAME OF SIGNI

1-3-07

1954) 433-1104