

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90149 019 ***150.00

DOCUMENT # P95000014398

1. Entity Name

INTEGRITY SPRINKLING SYSTEMS, INC.



Principal Place of Business

951 COUNTRY CLUB BV
CAPE CORAL FL 33990
US

Mailing Address

951 COUNTRY CLUB BV
CAPE CORAL FL 33990
US

2. Principal Place of Business

7880 Deni Dr.

Suite, Apt. #, etc.

3. Mailing Address

7880 Deni Dr.

Suite, Apt. #, etc.

City & State

N. Ft. Myers, Fl.

City & State

N. Ft. Myers Fl.

Zip

33917

Country

Lee

Zip

33917

Country

Lee

4. FEI Number

65-0561986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWASKA, JOHN G
1117 N.E. 10TH TERR
CAPE CORAL FL FL339-09

7. Name and Address of New Registered Agent

Name

Swaska, John

Street Address (P.O. Box Number is Not Acceptable)

7880 Deni Dr.

City

N. Ft. Myers

FL

Zip Code

33917

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☒ Delete
NAME SCHARF, GARY D
STREET ADDRESS 40 N.E. 12TH COURT
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE DST ☐ Delete
NAME SWASKA, JOHN G
STREET ADDRESS 1117 N.E. 10TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John Swaska 4-5-05 239-574-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #