2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000037156

1. Entity Name
J AND L SPRINKLER, INC.

Principal Place of Business	Mailing Address
2501 N.W. 9TH STREET POMPANO BEACH, FL 33069 US	2501 N.W. 9TH STREEET POMPANO BEACH, FL 33069 US

DO NOT WRITE IN THIS SPACE

02222006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0595296	Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, LESTER
2501 N.W. 9TH STREET
POMPANO BEACH, FL 33069

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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 _Lester Clark_

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	CLARK, LESTER
STREET ADDRESS	2501 N.W. 9TH STREET
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	VP
NAME	CLARK, JIMMIE
STREET ADDRESS	2051 N.W. 27TH LANE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/06-80018-006 150.00

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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: X _Lester Clark_   2/25/06   (954) 978-3769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #