

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000067537

1. Entity Name  
BEST WELL SPRINKLERS, INC.



FILED

07 OCT 12 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
~~805 SE 1ST WAY~~ 1350 SW 1st Way ~~805 SE 1ST WAY~~ 1350 SW 1st Way  
DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



0910 REINSTATEMENT 07

4. FEI Number  
65-0636408

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCARRY, JAMES A  
~~805 SE 1ST WAY~~ 1350 S.W. 1st Way  
DEERFIELD BEACH, FL 33441

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD  
NAME SCARRY, RUSSELL J  
STREET ADDRESS 1350 SW 1ST WAY  
CITY-ST-ZIP DEERFIELD BCH, FL 33441 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000110748120  
CITY-ST-ZIP 10/12/07--01068--025 \*\*8.75

TITLE PD  
NAME SCARRY, JAMES A  
STREET ADDRESS 2525 W GOLF BLVD APT 215  
CITY-ST-ZIP POMPANO BEACH, FL 33064 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000110748120  
CITY-ST-ZIP 10/12/07--01068--026 \*\*150.00

TITLE VD  
NAME SCARRY, CONRAD E  
STREET ADDRESS 7 SE 13 STREET  
CITY-ST-ZIP DEERFIELD BEACH, FL 33441 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: James A. Scarry DR. JAMES A. SCARRY 10-5-07 954 421-0488-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #