

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 *1350 SW 1st Way* Mailing Address *1350 SW 1st Way*
~~805 SE 1ST WAY~~ DEERFIELD BEACH, FL 33441 ~~905 SE 1ST WAY~~ DEERFIELD BEACH, FL 33441

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



0910 **REINSTATEMENT** (12/06) *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
SCARRY, JAMES A
~~805 SE 1ST WAY~~ *1350 S.W. 1st Way*
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	VD <input type="checkbox"/> Delete
NAME	SCARRY, RUSSELL J
STREET ADDRESS	1350 SW 1ST WAY
CITY-ST-ZIP	DEERFIELD BCH, FL 33441
TITLE	PD <input type="checkbox"/> Delete
NAME	SCARRY, JAMES A
STREET ADDRESS	2525 W GOLF BLVD APT 215
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	VD <input type="checkbox"/> Delete
NAME	SCARRY, CONRAD E
STREET ADDRESS	7 SE 13 STREET
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	<input type="checkbox"/> Delete
NAME	<i>4/10/15</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000110748120
CITY-ST-ZIP	10/12/07--01068--025 **8.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000110748120
CITY-ST-ZIP	10/12/07--01068--026 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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* **JAMES A. SCARRY** *10-5-07* **994 421-0488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #