

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

06-12-2008 90001 008 ***150.00

DOCUMENT # P96000048944

1. Entity Name
THE SPRINKLER MAN OF PORT ST LUCIE, INC.



Principal Place of Business
**2024 SW MONTEREY LANE
PORT ST LUCIE, FL 34953**

Mailing Address
**2024 SW MONTEREY LANE
PORT ST LUCIE, FL 34953**

60044333



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06092008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0683386

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MARBURGER, LARRY
2024 SW MONTEREY LANE
PORT ST LUCIE, FL 34953**

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

6-09-08

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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 **D** ☐ Delete
NAME **MARBURGER, LARRY**
STREET ADDRESS **2024 SW MONTEREY LANE**
CITY-ST-ZIP **PORT ST LUCIE, FL 34953**

TITLE ☒ Change ☐ Addition
NAME **5928 NW BRENDA CIR**
STREET ADDRESS **PORT ST LUCIE, FL 34986**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **RATAICZAK, GARY**
STREET ADDRESS **2024 SW MONTEREY LANE**
CITY-ST-ZIP **PORT ST LUCIE, FL 34953**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

[Signature] - Pres.

6-9-08

Date

772-879-7135

Daytime Phone #