2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000050678

1. Entity Name

WATERBOY SPRINKLER SPECIALISTS, INC.



FILED
May 05, 2008 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

5150 SW 48TH WAY

5150 SW 48TH WAY

614

DAVIE, FL 33314 US

DAVIE, FL 33314 US



DO NOT WRITE IN THIS SPACE

01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0672735 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, RICHARD 5150 SW 48TH WAY, SUITE 614 DAVIE, FL 33314 DO NOT WRITE IN THIS SPACE

ij,	The above named entity submits this statement for the purpose of changing	gusı	registered office of registered agent, or both, in the State of Florida. Talliflamilian with, and accept
	the obligations of registered agent.		

FiLE NOW!!! FEE IS \$150.00 After May 1, 2008 Foe will be \$550.00

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

OFFICERS AND DIRECTORS 10. TITLE LEVINE, RICHARD NAME STREET ADDRESS 5150 SW 48TH WAY, STE 614 CITY-ST-ZIP **DAVIE, FL 33314** TITLE NAME LEVINE, RICHARD E. 5150 SW 48TH WAY, STE 614 STREET ADDRESS CITY-ST-7IP **DAVIE, FL 33314** TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADORESS CITY-ST-ZIP TITLE

U00000949482 06/03/08-80025-009 150.00

DATE

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filting 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 for 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 affaddress, with all affect less empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPES OF PRINTED HAME OF SIGNAM

Brhad ELEVINE

4/30/08

954 581-6455

Daytime Phone #