


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90043 028 ***150.00

DOCUMENT # P97000028794 1. Entity Name H TRENT ELSON UNDERGROUND SPRINKLER SYSTEM INC.					
Principal Place of Business 3715 SOUTEL DRIVE JACKSONVILLE, FL 32208			Mailing Address 3715 SOUTEL DRIVE JACKSONVILLE, FL 32208		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 70659 Van Gundy Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Jacksonville, FL			
Zip	Country	Zip	Country	4. FEI Number 59-3444156	
32208		U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRENT, HAZELL 3715 SOUTEL DRIVE JACKSONVILLE, FL 32208			7. Name and Address of New Registered Agent Name Trent, Hazell Street Address (P.O. Box Number is Not Acceptable) 70659 Van Gundy Road City Jacksonville FL Zip Code 32208		
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 Hazell Trent DATE 4-29-07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRENT, HAZELL L JR 1717 EAST 22ND ST JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRENT, VERNELL 3715 SOUTEL DRIVE JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRENT, SHIRLEY A 9234 4TH AVE JACKSONVILLE, FL 32208	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT-TRENT, FRANCALLY 1454 CLYDE STREET JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAZELL, TRENT SR 3715 SOUTEL DR JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Tierra Wright 1454 Clyde Street Jacksonville, FL 32208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Geguarl Trent 1454 Clyde Street Jacksonville, FL 32208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tamala Newsome 6861 Restlawn Drive Jacksonville, FL 32208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Oscar Baker 809 Heritage Lake Drive Jacksonville, FL 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Tamala Newsome <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-29-07 Daytime Phone # 904-705-2519			