

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000086761

FILED  
Jan 29, 2008  
Secretary of State

**Entity Name:** WATERMATIC LAWN SPRINKLERS, INC.

**Current Principal Place of Business:**

16759 TANGERINE BOULEVARD  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

16759 TANGERINE BOULEVARD  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

PO BOX 936304  
MARGATE, FL 33093

**FEI Number:** 65-0811175

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GENTILE, JOHN D CPA  
1601 NORTH PALM AVENUE  
SUITE 212  
PEMBROKE PINES, FL 33026 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: TRISTANO, JAMES  
Address: 16759 TANGERINE BOULEVARD  
City-St-Zip: LOXAHATCHEE, FL 33470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: TRISTANO, JAMES  
Address: PO BOX 936304  
City-St-Zip: MARGATE, FL 33093

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JIM TRISTANNO

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01/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date