

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90221 003 ***150.00

DOCUMENT # P98000069841

1. Entity Name
MCDONOUGH SPRINKLER, INC.



Principal Place of Business
18943 SOUTH EAST FEARNLEY DR.
TEQUESTA, FL 33469-1621

Mailing Address
PO BOX 4314
TEQUESTA, FL 33469-1621

40106874



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0860768

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDONOUGH, KEVIN
18943 SOUTH EAST FEARNLEY DR.
TEQUESTA, FL 33469-1621

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCDONOUGH, KEVIN
STREET ADDRESS	18943 SOUTH EAST FEARNLEY DR.
CITY-ST-ZIP	TEQUESTA, FL 334691621
TITLE	S
NAME	MCDONOUGH, LINDA M
STREET ADDRESS	18943 SE FEARNLEY DR
CITY-ST-ZIP	TEQUESTA, FL 334691621
TITLE	D
NAME	MCDONOUGH, GEORGE A.
STREET ADDRESS	2585 WABASH DR
CITY-ST-ZIP	NO PALM BEACH, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-08

Date

561-744-787

Daytime Phone #