

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90293 038 \*\*\*158.75

DOCUMENT # P99000010805

1. Entity Name  
THE SPRINKLER DOCTOR, INC.



Principal Place of Business

8610 STONER RD.  
RIVERVIEW, FL 33569

Mailing Address

P.O. BOX 294  
RIVERVIEW, FL 33568

60025913



2. Principal Place of Business

5007 Thonotosassa Rd.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 293  
Suite, Apt. #, etc.

03142006

Chg-P

CR2E034 (11/05)

City & State

Plant City, Florida  
Zip 33565 Country

City & State

Plant City Florida  
Zip 33564 Country

4. FEI Number

59-3662696 65-1249696

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BATES, AUGUSTINE F  
5007 THONOTOSASSA RD.  
PLANT CITY, FL 33565

7. Name and Address of New Registered Agent

Name Astrid TASCA  
Street Address (P.O. Box Number is Not Acceptable)

5007 Thonotosassa Rd.  
City Plant city FL Zip Code 33565

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 Astrid Tasca Executive Secretary/Office Manager 4/5/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, GERALD	
STREET ADDRESS	8610 STONER RD.	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, MARY E	
STREET ADDRESS	8610 STONER RD.	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian TASCA	
STREET ADDRESS	5007 Thonotosassa Rd	
CITY-ST-ZIP	Plant city, Florida 33565	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Augustine Bates	
STREET ADDRESS	5007 Thonotosassa Rd	
CITY-ST-ZIP	Plant City, Florida 33565	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Bates	
STREET ADDRESS	5007 Thonotosassa Rd	
CITY-ST-ZIP	Plant city, FL 33565	
TITLE	S/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Astrid TASCA	
STREET ADDRESS	5007 Thonotosassa Rd	
CITY-ST-ZIP	Plant City, FL 33565	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Astrid Tasca Astrid TASCA 4/6/2006 (813) 759-1043  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #