

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000010805

1. Entity Name
THE SPRINKLER DOCTOR, INC.



FILED

06 JUL 18 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06132006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1249696

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TASCA, ASTRID
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
Plant City
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 Astrid Tasca 6/19/2006
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE V
NAME TASCA, BRIAN
STREET ADDRESS 5007 THONOTOSASSA RD
CITY-ST-ZIP PLANT CITY, FL 33565 ☐ Delete

TITLE P
NAME BATES, AUGUSTINE
STREET ADDRESS 5007 THONOTOSASSA RD
CITY-ST-ZIP PLANT CITY, FL 33565 ☐ Delete

TITLE T
NAME BATES, JOAN
STREET ADDRESS 5007 THONOTOSASSA RD
CITY-ST-ZIP PLANT CITY, FL 33565 ☐ Delete

TITLE SM
NAME TASCA, ASTRID
STREET ADDRESS 5007 THONOTOSASSA RD
CITY-ST-ZIP PLANT CITY, FL 33565 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P TASCA BRIAN ☒ Change ☐ Addition
NAME
STREET ADDRESS 5007 Thonotosassa Rd
CITY-ST-ZIP plant city FL 33565

TITLE VP
NAME Bates, augustine ☒ Change ☐ Addition
STREET ADDRESS 5007 thonotosassa rd
CITY-ST-ZIP plant city, FL 33565

TITLE S
NAME Bates Joan ☒ Change ☐ Addition
STREET ADDRESS 5007 Thonotosassa Rd
CITY-ST-ZIP plant city, FL 33565

TITLE T
NAME TASCA ASTRID ☒ Change ☐ Addition
STREET ADDRESS 5007 Thonotosassa Rd
CITY-ST-ZIP plant city, FL 33565

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800077820578
07/21/06--01008--002 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
JC 7/20

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 6/19/2006 4591073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #