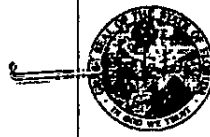


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # P99000010805

1. Entity Name
THE SPRINKLER DOCTOR, INC.



Principal Place of Business
**5007 THONOTOSASSA RD
PLANT CITY, FL 33565**

Mailing Address
**PO BOX 293
PLANT CITY, FL 33564**



03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-1249696 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**TASCA, ASTRID
5007 THONOTOSASSA RD
PLANT CITY, FL 33565**

**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 *Astrid Tasca*

Signature, typed or printed name of registered agent and the filer (applicable)

(NOTE: Registered Agent's signature required when re-electing)

3-14-2008

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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BATES, AUGUSTINE 5007 THONOTOSASSA RD PLANT CITY, FL 33565 |
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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BATES, JOAN 5007 THONOTOSASSA RD PLANT CITY, FL 33565 |
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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TASCA, ASTRID 5007 THONOTOSASSA RD PLANT CITY, FL 33565 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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**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: *Brian Tasca* *Brian Tasca*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-08 *8135009476*