2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # S32939

1. Entity Name

ASAP - AUTOMATIC SPRINKLERS AND PIPING, INC.



FILED Jan 23, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

298-21ST TERRACE S.E. LARGO, FL 33771 US

P.O. BOX 20968 ST PETERSBURG, FL 33742-0968 US



01112008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3058693

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAUER, JED C 298 21ST TERR S.E. LARGO, FL 38771

DO NOT WRITE

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign			ed Agent signature required when reinsta	(ng) DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.		
10.	OFFICERS AND DIREC	TORS	WALL CHEEK	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STILLWELL, L. J. 298-21ST TERRACE S.E. LARGO, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOFFMAN, DAN 298-21ST TERRACE S.E. LARGO, FL			000000792412 01/24/08-80007-006 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAUER, JED 298-21ST TERRACE S.E LARGO, FL			O NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. Thereby 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

President

16 08

727-559-777

Daylime Phone #

OF ASAP Automatic Sprikling