


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2006 08:00 A.**  
**Secretary of State**

<b>DOCUMENT # V16498</b> 1. Entity Name CRAIN FIRE SPRINKLERS, CORPORATION	
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Principal Place of Business  
5518 FORCE FOUR PARKWAY  
ORLANDO, FL 32839

Mailing Address  
5518 FORCE FOUR PKWY.  
ORLANDO, FL 32839



05122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3107302	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MICHAEL S. CRAIN  
4608 JUDY COURT  
ORLANDO, FL 32839

**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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAIN, H.M. 106 N. SWEETWATER BLVD. LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CRAIN, MICHAEL S 4608 JUDY COURT ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRAIN, MARIE Y 4608 JUDY COURT ORLANDO, FL 32839
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U00000565272  
05/20/06-80122-003 158.75

**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

Date

Daytime Phone #

*Marie Y Crain* **MARIE Y Crain** 5/12/06 407-438-4767