2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State
05-06-2004 90190 029 ***150.00

DOCUMENT # V49045

1. Entity Name
ACTION JACKSON SPRINKLERS, INC.

Principal Place of Business	Mailing Address
~~22148 LAVER LN~~ LAND O'LAKES, FL 34639	~~22148 LAVER LN~~ LAND O'LAKES, FL 34639

2. Principal Place of Business	3. Mailing Address
6535 LAKE IRENE DR	SAME AS PRINCIPAL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State LAND O'LAKES, FL	City & State
Zip 34639	Country / Zip / Country

04162004 Chg-F CR2E034 (10/03)

4. FEI Number
59-3132342
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JACKSON, JAMES O'DELL ~~22148 LAVER LN~~ 6535 LAKE IRENE DR LAND O'LAKES, FL 34639	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DVS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JACKSON, BARBARA A.	NAME	
STREET ADDRESS	~~22148 LAVER LN~~ 6535 LAKE IRENE DR	STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES, FL 34639	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JACKSON, BARBARA A.	NAME	
STREET ADDRESS	~~22148 LAVER LN~~ 6535 LAKE IRENE DR	STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES, FL 34639	CITY-ST-ZIP	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JACKSON, JAMES O.	NAME	
STREET ADDRESS	~~22148 LAVER LN~~ 6535 LAKE IRENE DR	STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES, FL 34639	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JACKSON, JOE	NAME	
STREET ADDRESS	5125 PALM SPRINGS BLVD #102	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerment.

SIGNATURE: James O. Jackson (President) 5/6/04 813-996-4429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #