

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V49045

FILED  
Apr 24, 2005  
Secretary of State

Entity Name: ACTION JACKSON SPRINKLERS, INC.

## Current Principal Place of Business:

6535 LAKE IRENE DR.  
LAND O LAKES, FL 34639

## New Principal Place of Business:

6535 LAKE IRENE DR.  
LAND O LAKES, FL 34638

## Current Mailing Address:

6535 LAKE IRENE DR.  
LAND O LAKES, FL 34639

## New Mailing Address:

6535 LAKE IRENE DR.  
LAND O LAKES, FL 34638

FEI Number: 59-3132342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACKSON, JAMES O'DELL  
22148 LAVER LN  
LAND O'LAKES, FL 34639 US

## Name and Address of New Registered Agent:

JACKSON, JAMES O'DELL  
6535 LAKE IRENE DR.  
LAND O'LAKES, FL 34638 US

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.

SIGNATURE:

04/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete  
Name: JACKSON, BARBARA A.,  
Address: 6535 LAKE IRENE  
City-St-Zip: LAND O"LAKES, FL 34639

Title: ST ( ) Delete  
Name: JACKSON, BARBARA A.,  
Address: 6535 LAKE IRENE  
City-St-Zip: LAND O"LAKES, FL 34639

Title: DP ( ) Delete  
Name: JACKSON, JAMES O.,  
Address: 6535 LAKE IRENE  
City-St-Zip: LAND O LAKES, FL 34639

Title: VP ( ) Delete  
Name: JACKSON, JOE  
Address: 5125 PALM SPRINGS BLVD #102  
City-St-Zip: TAMPA, FL 33647

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change ( ) Addition  
Name: JACKSON, BARBARA A.,  
Address: 6535 LAKE IRENE  
City-St-Zip: LAND O"LAKES, FL 34638

Title: ST (X) Change ( ) Addition  
Name: JACKSON, BARBARA A.,  
Address: 6535 LAKE IRENE  
City-St-Zip: LAND O"LAKES, FL 34638

Title: DP (X) Change ( ) Addition  
Name: JACKSON, JAMES O  
Address: 6535 LAKE IRENE  
City-St-Zip: LAND O LAKES, FL 34638

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES O. JACKSON

DP

04/24/2005

Electronic Signature of Signing Officer or Director

Date