2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V49045

Entity Name: ACTION JACKSON SPRINKLERS, INC.

FILED Jul 10, 2007 Secretary of State

6535 LAKE IRENE DR 6514 LAKE IRENE DR. LAND O LAKES, FL 34638 LAND O LAKES, FL 34638

Current Mailing Address: New Mailing Address:

6535 LAKE IRENE DR. 6514 LAKE IRENE DR LAND O LAKES, FL 34638 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: Name and Address of New Registered Agent:

JACKSON, JAMES O'DELL JACKSON, JAMES O'DELL 6514 LAKE IRENE DR. 6535 LAKÉ IRENE DR. LAND O'LAKES, FL 34638 US 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: 07/10/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

DVS

Title:

Name:

(X) Change () Addition Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

JACKSON, BARBARA A., JACKSON, BARBARA A., Name: Name: 6535 LAKE IRENE 6514 LAKE IRENE Address: Address: LAND O"LAKES, FL 34638 City-St-Zip: LAND O"LAKES, FL 34638 City-St-Zip:

Title: Title: (X) Change () Addition () Delete JACKSON, BARBARA A., JACKSON, BARBARA A., Name: Name:

6535 LAKE IRENE 6514 LAKE IRENE Address: Address: LAND O"LAKES, FL 34638 LAND O"LAKES, FL 34638 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition DP () Delete DP

JACKSON, JAMES O JACKSON, JAMES O Name: Name: 6535 LAKE IRENE 6514 LAKE IRENE Address: Address: City-St-Zip: LAND O LAKES, FL 34638 City-St-Zip: LAND O LAKES, FL 34638

Title: VΡ () Delete Title: () Change () Addition

JACKSON, JOÉ Name: Address: 4820 TAMPA DOWNS BLVD. Address: City-St-Zip: LUTZ, FL 33559 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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'DELL JACKSON **PRES** 07/10/2007