2007 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** Jan 16, 2007 08:00 AM Secretary of State DOCUMENT #V51130 1. Entity Name WALCO SPRINKLER SERVICE, INC. Principal Place of Business Mailing Address 6003 21ST ST E 6003 21ST ST E BRADENTON, FL 34203 US BRADENTON, FL 34203 US 01052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0353912 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARTER, TIMOTHY C., SR. DO NOT WRITE 6003 21ST ST E BRADENTON, FL 34203 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. Signsture, typed or printed name of registered agont and title if applicable. (NOTE. Registered Agent signature required when reinstating)

Fil. After M	E NOW!!! FEE IS \$150,00 ay 1, 2007 Fee will be \$550.00	Selection Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	01/16/07-80043-024 150.00	
10,	10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST- DP	D BARTER, TIMOTHY C., SR. 6003 21ST ST E BRADENTON, FL					
HAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE						

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I hereby certify that the information supplied with this filling 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 eath, 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:-E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP me

STREET ADDRESS CITY-ST-ZIP

Applied For

Not Applicable