

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000052581

**Entity Name:** STAR FIRE SPRINKLERS, INC.

**Current Principal Place of Business:**

533 STEVENS STREET  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

STAR FIRE SPRINKLERS, INC.  
P O BOX 61425  
JACKSONVILLE, FL 32236

**FEI Number:** 26-2650236

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TITTLE, STARLENE A  
15642 CR 108  
JACKSONVILLE, FL 32046 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name TITTLE, STARLENE A  
Address 15642 CR 108  
City-State-Zip: HILLIARD FL 32046

Title S  
Name THOMAS, JOSEPH R  
Address 5115 BLAND RD.  
City-State-Zip: JACKSONVILLE FL 32254

Title V  
Name TITTLE, SHAWN D  
Address 15130 BAREBACK DR.  
City-State-Zip: JACKSONVILLE FL 32234

*I hereby 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 all other like empowered.*

**SIGNATURE:** STARLENE TITTLE

**PRESIDENT**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date