

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000004874

**Entity Name:** FLORIDA STATE BACKFLOW SYSTEMS INC

**Current Principal Place of Business:**

2949 SW 11TH PLACE  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

2949 SW 11TH PLACE  
DEERFIELD BEACH, FL 33442 US

**FEI Number: 59-5373274**

**Certificate of Status Desired: No**

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

MILLER, JOHN P  
2499 GLADES RD  
STE 304  
BOCA RATON, FL 33431 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 GALVIN, WILLIAM F  
Address 2949 SW 11TH PLACE  
City-State-Zip: DEERFIELD BEACH FL 33442

*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: GALVIN, WILLIAM F**

**PD**

**04/10/2015**

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

\_\_\_\_\_  
Date