


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90005 033 ***150.00

DOCUMENT # P01899
 1. Entity Name
PERKINS FIRE PRO, INC.



Principal Place of Business Mailing Address
 2812 ARMAND ST.
 MONROE, LA 71201 2812 ARMAND ST.
 MONROE, LA 71201

54018018



2. Principal Place of Business 3. Mailing Address
1408 Arkansas Street **1408 Arkansas Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02282004 Chg-P CR2E034 (10/03)

City & State City & State
Monroe, Louisiana **Monroe, Louisiana**

4. FEI Number Applied For
71-0592368 Not Applicable

Zip Country Zip Country
71201 **USA** **71201** **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-1	
TITLE	D <input type="checkbox"/> Delete WEAVER, DALTON G	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, DALTON G	NAME	
STREET ADDRESS	103 OAKMONT PLACE	STREET ADDRESS	
CITY-ST-ZIP	JACKSON, TN	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete BROCKMAN, RALPH W	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCKMAN, RALPH W	NAME	
STREET ADDRESS	3404 DEBORAH DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MONROE, LA	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete WARD, TOMMY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, TOMMY	NAME	
STREET ADDRESS	#5 PARK	STREET ADDRESS	
CITY-ST-ZIP	ALEXANDER, AR	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete COOLEY, BETTY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOLEY, BETTY	NAME	
STREET ADDRESS	2808 MAGELLAN	STREET ADDRESS	
CITY-ST-ZIP	MONROE, LA	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete REED, WALLACE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, WALLACE	NAME	
STREET ADDRESS	ROUTE 2 BOX 441D	STREET ADDRESS	
CITY-ST-ZIP	SHERIDAN, AR	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete HALL, MARK	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, MARK	NAME	
STREET ADDRESS	18714 DENNY RD	STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK, AR 72211	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Betty S Cooley* Date: *3/11/04* Daytime Phone #: *(318) 388-5511*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR