

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90155 013 ***150.00



DOCUMENT # P01899		1. Entity Name PERKINS FIRE PRO, INC.	
Principal Place of Business 1408 ARKANSAS STREET MONROE LA 71201		Mailing Address 1408 ARKANSAS STREET MONROE LA 71201	
2. Principal Place of Business #3 Warehouse Row		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, AR		City & State	
Zip 72076		Country	
4. FEI Number 71-0592368		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		Zip Code FL	
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	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 checked="" type="checkbox"/> Delete	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 checked="" type="checkbox"/> Delete	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 <i>Director</i> <input type="checkbox"/> Delete	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	TITLE	<i>President</i> <i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, WALLACE	NAME	Reed, Wallace
STREET ADDRESS	ROUTE 2 BOX 441D	STREET ADDRESS	702 Briarwood
CITY-ST-ZIP	SHERIDAN AR	CITY-ST-ZIP	Sheridan, AR 72150
TITLE	D <input type="checkbox"/> Delete	TITLE	<i>Vice President</i> <i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, MARK	NAME	Hall, Mark
STREET ADDRESS	18714 DENNY RD	STREET ADDRESS	18714 Denny Road
CITY-ST-ZIP	LITTLE ROCK AR 72211	CITY-ST-ZIP	Little Rock, AR 72211
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: <i>Betty Cooley</i>		Date: 4/22/05 Daytime Phone #: 318-388-5511	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	