

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01899

FILED
Mar 15, 2010
Secretary of State

Entity Name: PERKINS FIRE PRO, INC.

Current Principal Place of Business:

#3 WAREHOUSE ROW
JACKSONVILLE, AR 72076 US

New Principal Place of Business:

Current Mailing Address:

801 N. 31ST STREET
SUITE 1
MONROE, LA 71201 US

New Mailing Address:

FEI Number: 71-0592368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST
Name: COOLEY, BETTY
Address: 2808 MAGELLAN
City-St-Zip: MONROE, LA 71201 US

Title: PD
Name: TOMMY, WARD SR
Address: #5 PARK
City-St-Zip: ALEXANDRIA, AR 72150 US

Title: CFO
Name: O'CONNOR, RON
Address: 8426 E SHEA BOULEVARD
City-St-Zip: SCOTTSDALE, AZ 85260 US

Title: AS
Name: O'CONNOR, RON
Address: 8426 E SHEA BOULEVARD
City-St-Zip: SCOTTSDALE, AZ 85260 US

Title: D
Name: WINDNAGEL, DANIEL
Address: 8426 E SHEA BOULEVARD
City-St-Zip: SCOTTSDALE, AZ 85260 US

Title: D
Name: DAVIS, J. BRADLEY
Address: 9 NORTH LIBERTY STREET, PO BOX 2056
City-St-Zip: MIDDLEBURG, VA 20118 US

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: BETTY COOLEY

ST

03/15/2010

Electronic Signature of Signing Officer or Director

_____ Date