


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90052 031 ***150.00

DOCUMENT # P16717

1. Entity Name
WESTERN STATES FIRE PROTECTION COMPANY



Principal Place of Business Mailing Address
 12150 E. BRIARWOOD AVENUE, #202 12150 E. BRIARWOOD AVENUE, #202
 CENTENNIAL, CO 80112 CENTENNIAL, CO 80112

44022270



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03222004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
84-0973303 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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, 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	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMAS, NAGE L	NAME	
STREET ADDRESS	4829 W. 121ST STREET	STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK, KS 66209	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, DWON G	NAME	
STREET ADDRESS	7152 ODESSA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	AURARA, CO 80016	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACHEY, LOREN	NAME	
STREET ADDRESS	6630 HEMLOCK LANE	STREET ADDRESS	
CITY-ST-ZIP	MAPLE GROVE, MN 55369	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, LEE R	NAME	
STREET ADDRESS	3054 GORDON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, SANDRA	NAME	
STREET ADDRESS	1506 E. NICHOLS CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LITTLETON, CO 80122	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHMIER, LARRY E	NAME	
STREET ADDRESS	415 218TH AVENUE NE	STREET ADDRESS	
CITY-ST-ZIP	SAMMASH, WA 98074	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: *Sandra Barker* Sandra Barker, Treasurer Date: **3/22/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **303-790-3807**