


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90757 040 \*\*\*158.75

<b>DOCUMENT # 657454</b> 1. Entity Name <b>FIRE PROTECTION CONTRACTORS DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>255 PRIMERA BLVD SUITE 230 LAKE MARY, FL 32746 US</b>			Mailing Address <b>255 PRIMERA BLVD SUITE 230 LAKE MARY, FL 32746 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>WIGINTON, DONALD 450 SOUTH COUNTY RD 427 LONGWOOD, FL 32750</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>255 Primera Blvd, Suite 230</b> City <b>Lake Mary</b> <b>FL</b> Zip Code <b>32746</b>	
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: <u><i>Donald S. Wiginton</i></u> <b>4-25-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEWIS, JIM D 15521 W 110TH ST LENEXA, KANSAS 00000, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Lewis, Jim D 15521 W 110th St Lenexa, Kansas 66203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, RICHARD 501 FEHELEY DR KING OF PRUSSIA, PA <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIGINTON, DONALD 450 SOUTH COUNTY RD 427 LONGWOOD, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Wiginton, Donald 255 Primera Blvd, Suite 230 Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIVINGSTON, J. 5150 LAWRENCE PLACE HYATTSVILLE, MD <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOULANGER, JIM 2004-A 48TH AVE., CT. E TACONA, WA <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Boulangier, Jim 2707 70th Ave. East Tacoma, WA 98424 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Donald S. Wiginton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-25-04</b> <b>407</b> <small>Date Daytime Phone #</small>		

**14017562**



01162004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1982991**  
Applied For  
Not Applicable

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