## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 841751** 

City-St-Zip:

FILED Apr 15, 2005 Secretary of State

Entity Nar	me: CENTRA	L SPRINKLER COMPANY				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
451 N. CANNON AVE. LANSDALE, PA 19446				451 N. CANNON STREET LANSDALE, PA 19446		
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 8 PRINCET(	749 ON, NJ 08543					
FEI Number:	: 23-1940157	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
1200 S. PII	ORATION SYS NE ISLAND RO ION, FL 33324	DAD				
	named entity see of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR						
Election Car		ic Signature of Registered Ag	jent		Date	
		g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () MEAD, ROBER 451 N. CANNON LANSDALE, PA	STREET	Title: Name: Address: City-St-Zip:	P ( MEAD, ROBE 451 N. CANN LANSDALE, F	ON STREET	
Title: Name: Address: City-St-Zip:	S () STAPFORD, RY 451 N. CANNON LANSDALE, PA	I STREET	Title: Name: Address: City-St-Zip:	S ( STAFFORD, 451 N. CANN LANSDALE, F	ON STREET	
Title: Name: Address: City-St-Zip:	T () HUND-MEJEAN 451 N. CANNON LANSDALE, PA	STREET	Title: Name: Address: City-St-Zip:	(	()Change ()Addition	
Title: Name: Address:	( )	Delete	Title: Name: Address:	D ( CHIA, DOUGI 451 N. CANN		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

City-St-Zip:

LANSDALE, PA 19446

SIGNATURE: ROBERT MEAD P 04/15/2005