

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002824

FILED
Jan 19, 2004
Secretary of State

Entity Name: WARD & WHITEMORE UNIVERSAL FIRE CONSULTANTS, INC.

Current Principal Place of Business:

PO BOX 548
PRIOR LAKE, MN 55372

New Principal Place of Business:

Current Mailing Address:

PO BOX 548
PRIOR LAKE, MN 55372

New Mailing Address:

FEI Number: 41-1827463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, JACK A
422 S THIRD ST
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

WARD, JACK A
4337 PABLO OAKS COURT
SUITE 102
JACKSONVILLE, FL 32224 US

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

01/19/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WARD, JACK A
Address: 3985 CATTAIL POND CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL

Title: P () Delete
Name: WHITEMORE, ROBERT B
Address: 6610 E 240TH ST
City-St-Zip: ELKO, MN 55020

Title: SD () Delete
Name: WARD, DIXIE
Address: 3985 CATTAIL POND CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL

Title: PT () Delete
Name: WHITEMORE, PAM
Address: 6610 E 240TH ST
City-St-Zip: ELKO, MN 55020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: P.A. WHITEMORE

Electronic Signature of Signing Officer or Director

TREA

01/19/2004

Date