

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006586

FILED
Feb 24, 2005
Secretary of State

Entity Name: DELTA FIRE PROTECTION SYSTEMS, INC.

Current Principal Place of Business:

1916 TUCKER INDUSTRIAL RD.
B
TUCKER, GA 30084

New Principal Place of Business:

Current Mailing Address:

1916 TUCKER INDUSTRIAL RD.
B
TUCKER, GA 30084

New Mailing Address:

FEI Number: 58-2172998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWTON, LEON W
1220 HELEN ST.
APOPKA, FL 32703 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: P () Delete
Name: WILLIAMSON, MICHAEL K
Address: 3314 SUMMIT EDGE CT.
City-St-Zip: LOGANVILLE, GA 30052

Title: VS () Delete
Name: NEWTON, LEON W
Address: 3437 VILLAGE GLEN COURT SW
City-St-Zip: SNELLVILLE, GA 30039

Title: T () Delete
Name: PARTEN, MELITA
Address: 2957 TEMPLE JOHNSON RD.
City-St-Zip: SNELLVILLE, GA 30039

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: PARTEN, MELITA
Address: 1385 ROSE POINTE DR.
City-St-Zip: LOGANVILLE, GA 30052

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: MELITA PARTEN

T

02/24/2005

Electronic Signature of Signing Officer or Director

Date