


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr-21, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # J32893  
 1. Entity Name  
 PALM BEACH FIRE SPRINKLER, INC.



Principal Place of Business      Mailing Address  
 % MARSHALL P. RICHARDSON  
 6982 COUNTRY PLACE ROAD  
 WEST PALM BEACH, FL 33411  
 % MARSHALL P. RICHARDSON  
 6982 COUNTRY PLACE ROAD  
 WEST PALM BEACH, FL 33411



**DO NOT WRITE IN THIS SPACE**

04172004    No Chg-P    CR2E034 (10/03)

4. FEI Number  
 59-2722677      App'ed For  
 Not App'ed For

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

6. Name and Address of Current Registered Agent  
 RICHARDSON, MARSHALL PAUL  
 6982 COUNTRY PLACE ROAD  
 WEST PALM BEACH, FL 33411

**DO NOT WRITE IN THIS SPACE**

8. The above named entity suoms 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 corporations registered agent

SIGNATURE \_\_\_\_\_

**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

000000122060  
 04/21/04-80012-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PD RICHARDSON, MARSHALL P. 6982 COUNTRY PLACE ROAD WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	VTS RICHARDSON, MARSHALL P. 6982 COUNTRY PLACE RD. WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) Florida Statutes. I further certify that the information indicated on this report or supplementary 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 a power of attorney.

SIGNATURE: Marshall P. Richardson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR