

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # J32893

PALM BEACH FIRE SPRINKLER, INC.



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

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



03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number **59-2722677** Applied For Not Applicable

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 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: _____

Printed name of individual signing this report. If the registered agent is a corporation, print the name of the corporation.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000281558
 03/31/05-80007-011 150.00

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)(f) 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 a other authorized.

SIGNATURE: _____

Marshall Paul Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR