


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90014 041 \*\*\*150.00

**DOCUMENT # J32893**

1. Entity Name  
**PALM BEACH FIRE SPRINKLER, INC.**



Principal Place of Business      Mailing Address

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



2. Principal Place of Business      3. Mailing Address

**7810 S.E. River Lane**      **7810 SE River Lane**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01272006      Chg-P      CR2E034 (11/05)

City & State      City & State

**Stuart FL**      **Stuart FL**

Zip      Country      Zip      Country

**34997 USA**      **34997 USA**

4. FEI Number      Applied For

**59-2722677**      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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**7810 S.E. River Lane**

City      State      Zip Code

**Stuart FL 34997**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	<input type="checkbox"/> Delete
NAME	RICHARDSON, MARSHALL P.	
STREET ADDRESS	6982 COUNTRY PLACE ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	RICHARDSON, MARSHALL P.	
STREET ADDRESS	6982 COUNTRY PLACE RD.	
CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>7810 S.E. River Ln</b>	
CITY-ST-ZIP	<b>Stuart, FL 34997</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>7810 SE River Lane</b>	
CITY-ST-ZIP	<b>Stuart, FL 34997</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE: Marshall P. Richardson      Date: 3-23-06      Daytime Phone #: (772) 286-8103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR