

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90031 046 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

40053479



03012008 Chg-P CR2E034 (12/06)

4. FEI Number **65-0055472** Applied For ☐ Not Applicable ☐

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

DOCUMENT # M88620 1. Entity Name ALERT FIRE SPRINKLERS, INC.					
Principal Place of Business 1603 BARBER RD SARASOTA, FL 34240 US			Mailing Address 1603 BARBER RD SARASOTA, FL 34240 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country			

6. Name and Address of Current Registered Agent LUTHER, WARD L III 1603 BARBER ROAD SARASOTA, FL 34240	7. Name and Address of New Registered Agent Name Brian J. Kudick Street Address (P.O. Box Number is Not Acceptable) 1603 Barber Road City Sarasota FL Zip Code 34240
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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 *Brian J. Kudick* (NOTE: Registered Agent signature required when reinstating) DATE 3/7/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	PD
NAME	LUTHER, WARD L III	NAME	Luther, Ward L. III
STREET ADDRESS	226 GOLDEN GATE POINT #72	STREET ADDRESS	226 Golden Gate Point, #72
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	Sarasota, FL 34236
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	ST	TITLE	VP, AS, AT, D
NAME	LUTHER, VIRGINIA H	NAME	Brian J. Kudick
STREET ADDRESS	226 GOLDEN GATE POINT #72	STREET ADDRESS	1603 Barber Rd.
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	Sarasota, FL 34240
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		TITLE	S, T
NAME		NAME	Kathleen M. Kudick
STREET ADDRESS		STREET ADDRESS	1603 Barber Rd.
CITY-ST-ZIP		CITY-ST-ZIP	Sarasota, FL 34240
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		TITLE	D
NAME		NAME	Karl J. Kudick
STREET ADDRESS		STREET ADDRESS	2893 Alex McKay Place
CITY-ST-ZIP		CITY-ST-ZIP	Sarasota, FL 34240
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Ward L. Luther* 3-7-08 941-377-3720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #