

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90050 045 \*\*\*158.75

<b>DOCUMENT # P01000025136</b> 1. Entity Name <b>ASTEC FIRE SPRINKLERS, INC.</b>			
Principal Place of Business <b>4612 N LOIS AVE TAMPA, FL 33614</b>		Mailing Address <b>4612 N LOIS AVE TAMPA, FL 33614</b>	
2. Principal Place of Business <b>5123 W Rio Vista Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 15059</b> Suite, Apt. #, etc.	
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>	
Zip <b>33634</b>		Country <b>Hillsborough</b>	
4. FEI Number <b>59-3703558</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		02032004 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  <b>DANIELS, JOHN 4612 N LOIS AVE TAMPA, FL 33614</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>John Daniels</b> Street Address (P.O. Box Number is Not Acceptable) <b>5123 W Rio Vista Ave</b> City <b>Tampa FL</b> Zip Code <b>33634</b>	
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: <span style="float: right;">DATE: _____</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>REED, MICHAEL S</b> <b>4612 N LOIS AVE</b> <b>TAMPA, FL 33614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>Reed, Michael S</b> <b>5123 W Rio Vista Ave</b> <b>Tampa FL 33634</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DANIELS, JOHN</b> <b>4612 N LOIS AVE</b> <b>TAMPA, FL 33614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Daniels, John</b> <b>5123 W Rio Vista Ave</b> <b>Tampa 33634</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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.			
<b>SIGNATURE:</b> <b>John W Daniels</b>		Date <b>2/5/04</b> Daytime Phone # <b>813-873-0632</b>	