

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90267 014 \*\*\*158.75

**DOCUMENT # P02000003899**

1. Entity Name

**FIRE PROTECTION APPLICATION SERVICES, INC.**



Principal Place of Business

**4392 NICOLE CIRCLE  
TEQUESTA FL 33469**

Mailing Address

**4392 NICOLE CIRCLE  
TEQUESTA FL 33469**

2. Principal Place of Business

**151 MAGNOLIA WAY**

Suite, Apt. #, etc.

3. Mailing Address

**151 MAGNOLIA WAY**

Suite, Apt. #, etc.

City & State

**TEQUESTA, FL**

Zip  
**33469**

Country  
**USA**

City & State

**TEQUESTA, FL**

Zip  
**33469**

Country  
**USA**

4. FEI Number

**04-3588292**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ARNSTEEN, MICHAEL  
4392 NICOLE CIRCLE  
TEQUESTA FL 33469**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**151 MAGNOLIA WAY**

City

**TEQUESTA**

**FL**

Zip Code

**33469**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete  
NAME **ARNSTEEN, MICHAEL**  
STREET ADDRESS **4392 NICOLE CIRCLE**  
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **V** ☐ Delete  
NAME **ARNSTEEN, SUSAN**  
STREET ADDRESS **4392 NICOLE CIRCLE**  
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-04** <sup>(561)</sup> **339-1086**  
Date Daytime Phone #