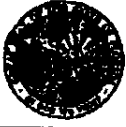
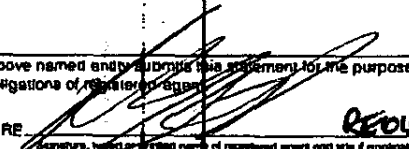



09/05/2004 19:01 0000000000

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90004 012 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P08000061677			
1. Entity Name PARAGON SPRINKLER SYSTEMS, INC.			
Principal Place of Business 14570 LURAY RD SW RANCHES, FL 33330		Mailing Address 14570 LURAY RD SW RANCHES, FL 33330	
2. Principal Place of Business SAME		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 75-3118648		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARAGONE, PETER M 14570 LURAY RD SW RANCHES, FL 33330		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 04/01/04	
NOTE: Registered Agent signature required when registering.			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	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 or without, with all other like empowered.			
SIGNATURE: 		DATE 04/01/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 04-01-04	

54072439



08252004 Chg-P CR2E034 (10/03)

4. FEI Number **75-3118648** Applied For Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **SAME**

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

City **FL** Zip Code

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 **04/01/04**

NOTE: Registered Agent signature required when registering.

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ DeleteSTREET ADDRESS NAME ☐ Change ☐ Addition

CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS NAME ☐ Change ☐ Addition

CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS NAME ☐ Change ☐ Addition

CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS NAME ☐ Change ☐ Addition

CITY-ST-ZIP 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 or without, with all other like empowered.

SIGNATURE: DATE **04/01/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **04-01-04**

Attachment

57072439
P08000061677

Paragon Sprinkler Systems Inc.

14570 Luray Rd.
Southwest Ranches, Fl. 33330
954-434-8332

Division of Corporation
Uniform Business report
P.O. Box 1500

September 8, 2004

Re: Late filing UBR for year 2004:

Attn: To whom it may concern:

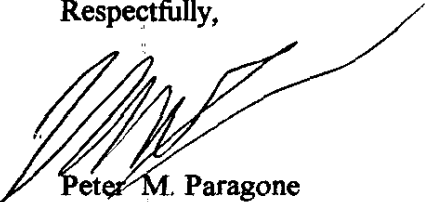
Dear Sirs,

I would like to apologize for the delay in filing, and request at this time that you please waive any penalties for filing late the UBR for year 2004 after May 1. Please understand that we never received the report and therefore, were not able to file it on a timely manner. Also I wanted to send this filing last week but with the advent of Hurricane Francis, we were pre-occupied with securing the premises and completely in disarray. I believe this is our first year of filing and as a young corporation have had some organization problems, among other thing.

Attached please find a check for \$150.00 and the completed UBR for 2004.

I sincerely ask your consideration in this matter.

Respectfully,



Peter M. Paragone
President