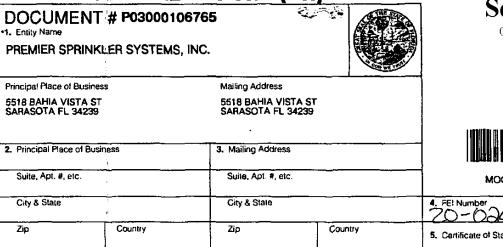
2004 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)



FILED Jun 01, 2004 8:00 am Secretary of State

•1. Entity Name						05-03-2004 91235 035 ***150.00			
PREMIER SI	PRINKLER SYSTEMS, I	NC.							
Principal Place o	f Pursiness	Mailing Address							
	5518 BAHIA VISTA ST	·				~~~~			
5518 BAHIA VI SARASOTA FL	34239	SARASOTA FL 34239							
Principal Place of Business 3. Mailing Address									
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Suite, Apt. #, (elc.	Suite, Apt. #, etc.					E034 (11/03)		
City & State	4	City & State				0-0246136		Applied For Not Applicable	
Zip	Country	Zip	Count	ry 	5.	5. Certificate of Status Desired S8.75 Additional Fee Required			
·	6. Name and Address of Curr	ent Registered Agent		Nome	7, 1	Name and Address of New Regis	lered Agent		
MAGLICH, DAVID S ESQUIRE					Name				
-1515	RINGLING BLVD STE-1 SOTA FL 34236			Street A	ddress (P.O. E	Box Number is Not Acceptable)			
	= = · · · · · · · · · · · · · · · · · ·	•	[
ı	•			City			FL Zip C	ode	
	med entity submits this stateme is of registered agent.	nt for the purpose of changing its r	registere	d office o	r registered ag	pent, or both, in the State of Florida.	l am familiar wi	th, and accept	
SIGNATURE	rnature, typed or printed name of registered a	agent and title if applicable. (NOTE	: Registered	Ageni signat	rad tedrated water t	ensiating)	DATE	·	
****** * ***	E NOW!!! FEE IS \$150.00	(#190 4 000)		-		T			
After May 1: 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financi Trust Fund Contribution.		.00 May Be ded to Fees	
10.	OFFICERS /	AND DIRECTORS	11.		AL	DDITIONS/CHANGES TO OFFICER	S AND DIRECTO	DRS IN 11	
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				: 	YOURS,	Freeman hiavista St.		j	
1	518 BAHIA VISTA ST. ARASOTA FL 34239,		•	ET ADDRESS ST-ZIP	Saras	ota, 12 34939		1	
TILE	,	☐ Delete	TITLE		Directo	Vice. President	☐ Chang	e Maddition	
NAME		-2 5000	NAME		Vooce	Daniel			
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CITY-ST-ZIP	att at a li State at a	Ludas and garden		-ST-ZIP	<u></u>				
indicated or of the corpo changed, or	tiry that the information supplied this report or supplemental reportation or the receiver or mostee or on an attachment with an addi-	with this tiling does not qualify for bort is true and accurate and that n empowered to execute this report ess, with all other like empowered.	the exer ny signat as requir	mption sta ture shall t red by Ch	ited in Section have the same apter 607, Flo	119.07(3)(i), Florida Statutes. I furt legal effect as if made under oath rida Statutes; and that my name ap	ner certify that the that I am an office pears in Block 10	e information cer or director 3 or Block 11 if	
SIGNATU	Linn	nan bele			_	, ,		7-6008	
	· · · · · · · · · · · · · · · · · · ·		5.6.24			. (/-////			

Freeman Yocker