


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90029 024 ***150.00

| | | | | | |
|---|--|---------------------------------|--|--|--|
| DOCUMENT # P93000033231 1. Entity Name FIRE SPRINKLER SERVICES, INC. | | | |  | |
| Principal Place of Business 2454 ROGERO ROAD JACKSONVILLE, FL 32211 US | | | Mailing Address P.O. BOX 11171 JACKSONVILLE, FL 32239 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-3183861 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> | |
| 6. Name and Address of Current Registered Agent RAX CO. C/O MAHONEY E SKINNER 50 N. LAURA ST., STE 3300 JACKSONVILLE, FL 32202 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE _____ | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | |
| \$5.00 May Be Added to Fees | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MATTHEWS, ROBERT E JR 24 BEACHSIDE DRIVE PALM COAST, FL 32137 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Treasurer MATTHEWS, ROBERT F. JR 24 BEACHSIDE DR. PALM COAST, FL 32137 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP AILSTOCK, DAVID D. 8545 ACREE ROAD JACKSONVILLE, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP/CONSTRUCTION AILSTOCK, DAVID D. 8545 ACREE ROAD JACKSONVILLE, FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST MATTHEWS, ROBERT F. III 13904 SHIPWRECK CIRCLE SOUTH JACKSONVILLE, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRESIDENT MATTHEWS, ROBERT F. III 13904 SHIPWRECK CIRCLE SOUTH JACKSONVILLE, FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T MICKLER, JUDD P 1960 HOLLY OAKS RAYNE DRIVE JACKSONVILLE, FL 32225 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP/ADMINISTRATION + SALES MICKLER, JUDD P 55690 YELLOW JACKET DR. CALLAHAN, FL 32011 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | M MATTHEWS, THOMAS E 4586 SANTA CLARA AVE MIDDLEBURG, FL 32068 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP/ENGINEERING + SECRETARY MATTHEWS, THOMAS E. 4586 SANTA CLARA AVE. MIDDLEBURG, FL 32068 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. | | | | | |
| SIGNATURE: <u>Robert J. Matthews III</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 3/22/04 (904) 743-3220 <small>Date Daytime Phone #</small> | | |