


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90184 008 ***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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02232005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3183861	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RAX CO. C/O MAHONEY E SKINNER 50 N. LAURA ST., STE 3300 JACKSONVILLE, FL 32202		Name	
		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME MATTHEWS, ROBERT E JR STREET ADDRESS 24 BEACHSIDE DRIVE CITY-ST-ZIP PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete	TITLE NAME DELETE STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VPC NAME AILSTOCK, DAVID D. STREET ADDRESS 8545 ACREE ROAD CITY-ST-ZIP JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME VICE PRESIDENT AILSTOCK, DAVID D STREET ADDRESS 8545 ACREE ROAD CITY-ST-ZIP JACKSONVILLE, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME MATTHEWS, ROBERT F. III STREET ADDRESS 13904 SHIPWRECK CIRCLE SOUTH CITY-ST-ZIP JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPAS NAME MICKLER, JUDD P STREET ADDRESS 1960 HOLLY OAKS WAYNE DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete	TITLE NAME TREASURER MICKLER, JUDD P STREET ADDRESS 55690 YELLOW JACKET DRIVE CITY-ST-ZIP CAULAHAN, FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VPES NAME MATTHEWS, THOMAS E STREET ADDRESS 4586 SANTA CLARA AVE CITY-ST-ZIP MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Delete	TITLE NAME SECRETARY MATTHEWS, THOMAS E STREET ADDRESS 4586 SANTA CLARA AVE CITY-ST-ZIP 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, 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: Judd P. Mickler Judd P. Mickler, TREASURER 2-23-05 (904) 743-3720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #