

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P93000037972

**FILED**  
**Sep 26, 2008**  
**Secretary of State**

**Entity Name:** PREMIER FIRE SPRINKLERS, INC.

**Current Principal Place of Business:**

5611 E CHELSEA ST  
SUITE C  
TAMPA, FL 33610 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 976  
RIVERVIEW, FL 335680976

**New Mailing Address:**

**FEI Number:** 59-3182067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FUNK, STEVEN C  
6803 POTTS ROAD  
RIVERVIEW, FL 335694604 US

**Name and Address of New Registered Agent:**

FUNK, KAREN A TREASUR  
6803 POTTS ROAD  
RIVERVIEW, FL 335694604 US

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.

SIGNATURE: KAREN FUNK

09/26/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FUNK, STEVEN C  
Address: 6803 POTTS ROAD  
City-St-Zip: RIVERVIEW, FL 335694604

Title: T ( ) Delete  
Name: FUNK, KAREN  
Address: 6803 POTTS RD  
City-St-Zip: RIVERVIEW, FL 04

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FUNK, KAREN A TREASUR  
Address: 6803 POTTS ROAD  
City-St-Zip: RIVERVIEW, FL 335694604

Title: T (X) Change ( ) Addition  
Name: FUNK, LAURA A VICE PR  
Address: 10133 PINK PALMATA  
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Change (X) Addition  
Name: FUNK, STEVE N DIRECTO  
Address: 6803 POTTS RD  
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN FUNK

D

09/26/2008

Electronic Signature of Signing Officer or Director

Date