


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90025 037 ***158.75

DOCUMENT # P94000032381	
1. Entity Name NATIONAL FIRE SPRINKLERS, INC.	

Principal Place of Business 4186 B DAIRY CT DAYTONA BEACH, FL 32127 US	Mailing Address PO BOX 889 NEW SMYRNA BEACH, FL 32168 US
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2. Principal Place of Business 5889 AVENUE ROAD SUITE # 214 PORT ORANGE, FL 32128 U.S.A.	3. Mailing Address SUITE # 214 PORT ORANGE, FL 32128 U.S.A.
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02262004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0472088	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent NORMENT, ANN M 840 BREVARD AVE. SUITE B ROCKLEDGE, FL 32955	7. Name and Address of New Registered Agent ROBINO, ANN M. 2500 Blue Ridge Ave Cocoa FL 32926
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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: Ann M. Norment Robino DATE: 3-08-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAMM, CRAIG S 2291 S GLENCOE RD NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEVENTON, BEVERLY 2291 S GLENCOE RD NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RISPOLI, CLIFFORD L. <i>← Fix spelling →</i> 1732 CAROLINA AVE ORMOND BEACH, FL 32174 <i>CORRECTED →</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RISPOLI, CLIFFORD L. 1732 CAROLINA AVE ORMOND BEACH, FL 32174 <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
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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: Craig S. Kamm DATE: 386-761-7688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR