

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000032381

FILED  
Jan 28, 2005  
Secretary of State

Entity Name: NATIONAL FIRE SPRINKLERS, INC.

## Current Principal Place of Business:

5889 AIRPORT ROAD  
SUITE 214  
PORT ORANGE, FL 32128 US

## Current Mailing Address:

PO BOX 889  
NEW SMYRNA BEACH, FL 32168 US

## New Principal Place of Business:

5889 SOUTH WILLIAMSON BLVD.  
SUITE 214  
PORT ORANGE, FL 32128 US

## New Mailing Address:

P.O. BOX 889  
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 65-0472088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBINO, ANN M  
2500 BLUE RIDGE AVE  
COCOA, FL 32926 US

## Name and Address of New Registered Agent:

CRAIG, KAMM  
2291 SOUTH GLENCOE ROAD  
NEW SMYRNA BEACH, FL 32128 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: CRAIG KAMM

01/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KAMM, CRAIG S  
Address: 2291 S GLENCOE RD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T ( ) Delete  
Name: STEVENTON, BEVERLY  
Address: 2291 S GLENCOE RD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: S ( ) Delete  
Name: RISPOLI, CLIFFORD L  
Address: 1732 CAROLINA AVE.  
City-St-Zip: ORMOND BEACH, FL 32174

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CRAIG KAMM

P

01/28/2005

Electronic Signature of Signing Officer or Director

Date