## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000090185

MUNOZ, GLÒRIA M

2318 NW 189 AVENUE

HOLLYWOOD, FL 33029

Name:

Address:

City-St-Zip:

Entity Name: PHILLIPS FIRE SPRINKLERS, INC

FILED Jan 20, 2004 Secretary of State

		TINE OF T	th tree ro, ii to.			
Current Principal Place of Business:				New Principal Place of Business:		
	48TH AVENUE JDERDALE, FL		US			
Current Mailing Address:				New Mailing Address:		
	48TH AVENUE JDERDALE, FL		US			
FEI Number	: 65-0629588	FEI Numl	per Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ONE FINA	ARK S SON, MOYLE & NCIAL PLAZA, ERDALE, FL 33	SUITE 16				
	e named entity s e of Florida.	submits thi	s statement for the	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signatu	re of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund	d Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () PHILLIPS, ROB 9551 NW 42ND POMPANO BEA	CT	065	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () PHILLIPS, MAR 4044 PARKWA` LAND O LAKES	Y BLVD		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () KUNTZ, STANLI 1614 N 29TH AV HOLLYWOOD,	/ENUE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	T ()	Delete		Title:	()Change ()Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT H. PHILLIPS PRES 01/20/2004