

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000090185

FILED
Jan 04, 2005
Secretary of State

Entity Name: PHILLIPS FIRE SPRINKLERS, INC.

Current Principal Place of Business:

425 SW 148TH AVENUE
FORT LAUDERDALE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

425 SW 148TH AVENUE
FORT LAUDERDALE, FL 33325 US

New Mailing Address:

FEI Number: 65-0629588 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUCCI, MARK S
C/O BENSON, MOYLE & CHAMBERS
ONE FINANCIAL PLAZA, SUITE 1600
FT LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PHILLIPS, ROBERT H
Address: 9551 NW 42ND CT
City-St-Zip: POMPANO BEACH, FL 33065

Title: V () Delete
Name: PHILLIPS, MARK
Address: 4044 PARKWAY BLVD
City-St-Zip: LAND O LAKES, FL 34639

Title: V () Delete
Name: KUNTZ, STANLEY
Address: 1614 N 29TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33020

Title: T () Delete
Name: MUNOZ, GLORIA M
Address: 2318 NW 189 AVENUE
City-St-Zip: HOLLYWOOD, FL 33029

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PHILLIPS, ROBERT H
Address: 9551 NW 42ND CT
City-St-Zip: CORAL SPRINGS, FL 33065

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

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

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

Title: V () Change (X) Addition
Name: MCMILLAN, JACQUES
Address: 38643 EVELYN LANE
City-St-Zip: ZEPHYRHILLS, FL 33542

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: GLORIA MUÑOZ

T

01/04/2005

Electronic Signature of Signing Officer or Director

_____ Date