

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000012717

FILED  
Feb 03, 2005  
Secretary of State

Entity Name: EAGLE FIRE SPRINKLERS, INC.

## Current Principal Place of Business:

6340 ARC WAY  
FORT MYERS, FL 33912 US

## New Principal Place of Business:

6240-1 METRO PLANTATION RD.  
FORT MYERS, FL 33912 US

## Current Mailing Address:

6340 ARC WAY  
FORT MYERS, FL 33912 US

## New Mailing Address:

6240-1 METRO PLANTATION RD  
FORT MYERS, FL 33912 US

FEI Number: 65-0727434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JONES, MARGUERITE  
6340 ARC WAY  
FORT MYERS, FL 33912 US

## Name and Address of New Registered Agent:

JONES, MARGUERITE  
6240 -1 METRO PLANTATION RD.  
FORT MYERS, FL 33912 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:

02/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JONES, MARGUERITE  
Address: 803 LUCIA DR  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete  
Name: JONES, RICHARD F  
Address: 803 LUCIA DRIVE  
City-St-Zip: PUNTA FORDA, FL 33950

Title: D ( ) Delete  
Name: ADKINS, WILLIAM J  
Address: 28 CABELLO ST  
City-St-Zip: PT CHARLOTTE, FL 33983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: JONES, MARGUERITE  
Address: 255 WEST END DRIVE # 3410  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D (X) Change ( ) Addition  
Name: JONES, RICHARD F  
Address: 255 WEST END DR. # 3410  
City-St-Zip: PUNTA FORDA, FL 33950

Title: D (X) Change ( ) Addition  
Name: ADKINS, WILLIAM J  
Address: 7173 SWEDEN BLVD.  
City-St-Zip: PUNTA GORDA, FL 33982

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: MARGUERITE JONES

PRES

02/03/2005

Electronic Signature of Signing Officer or Director

Date