

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000080357

1. Entity Name
FIRE SPRINKLER DESIGN SERVICES, INC.



Principal Place of Business
**5730 COLUMBIA CIRCLE
WEST PALM BEACH, FL 33407**

Mailing Address
**5730 COLUMBIA CIRCLE
WEST PALM BEACH, FL 33407**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0952656	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WHITEHEAD, BONNIE
5730 COLUMBIA CIRCLE
WEST PALM BEACH, FL 33407**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITEHEAD, BONNIE
STREET ADDRESS	5730 COLUMBIA CIRCLE
CITY - ST - ZIP	WEST PALM BEACH, FL 33407

TITLE	D
NAME	WHITEHEAD, JOHN
STREET ADDRESS	5730 COLUMBIA CIRCLE
CITY - ST - ZIP	WEST PALM BEACH, FL 33407

TITLE	S
NAME	GERWIG, ALAN L P.E.
STREET ADDRESS	12798 W. FOREST HILL BLVD
CITY - ST - ZIP	WELLINGTON, FL 33414

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/11/06-80011-001 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Bonnie Whitehead
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-06 561-863-1079
Date Daytime Phone #