

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000097921

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** TRI-STATE LIFE SAFETY AND ELECTRIC SYSTEMS, INC.

**Current Principal Place of Business:**

1920 N.W. 120TH TERRACE  
PEMBROKE PINES, FL 33026 US

**New Principal Place of Business:**

**Current Mailing Address:**

540 SNOW HILL CHURCH RD  
MURPHY, NC 28906 US

**New Mailing Address:**

**FEI Number:** 65-0987693

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KIPPENHAN, NANCY  
1920 N.W. 120TH TERRACE  
PEMBROKE PINES, FL 33026 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:** PCEO  
**Name:** TEPAS, DONNA G  
**Address:** 1930 COOK BRIDGE RD  
**City-St-Zip:** MURPHY, NC 28906 US

**Title:** VPSE  
**Name:** TEPAS, PAUL E  
**Address:** 540 SNOW HILL CHURCH RD  
**City-St-Zip:** MURPHY, NC 28906

**Title:** TRES  
**Name:** TEPAS, DONNA G  
**Address:** 1930 COOK BRIDGE RD  
**City-St-Zip:** MURPHY, NC 28906

I hereby 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 all other like empowered.

**SIGNATURE:** DONNA TEPAS

PRES

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date