2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S02721

1. Entity Name
FIRST COAST FIRE SPRINKLERS, INC.

Principal Place of Business	Mailing Address
8963 PHILIPS HIGHWAY JACKSONVILLE, FL 32256	8963 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3027259	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

STEIN, DONALD W.
8963 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256

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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 *Donald W. Stein President 02-11-05*

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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

ll000000229319
02/14/05-80069-021 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	STEIN, DONALD W.
STREET ADDRESS	1211 FRUIT COVE TERR. N.
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	V
NAME	STEIN, TERESA J
STREET ADDRESS	1211 FRUIT COVE TERR. N
CITY-ST-ZIP	JACKSONVILLE, FL 32259

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12. I hereby certify that the information supplied with this filing does not qualify 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 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. *Donald W. Stein*

SIGNATURE: *President 02-11-05 (904) 363-3237*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #