

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # S02721

1. Entity Name

FIRST COAST FIRE SPRINKLERS, INC.



Principal Place of Business
8963 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256

Mailing Address
8963 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-3027259

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIN, DONALD W.
8963 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

Donald W. Stein President 03-10-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS 000000463708
CITY-ST-ZIP 03/21/06-80088-003 150.00

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

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]
Donald W. Stein
President 03-10-06 (904) 363-32

Date

Daytime Phone #