


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90084 042 ****61.25

DOCUMENT # F95000002306

1. Entity Name
AUTOMATIC FIRE ALARM ASSOCIATION, INC.



Principal Place of Business
 2499 OLD LAKE MARY
 SUITE 102
 SANFORD, FL 32771 US

Mailing Address
 P.O. BOX 951807
 LAKE MARY, FL 32795-1807

94039109


2. Principal Place of Business
3575 W. LAKE MARY BLVD

3. Mailing Address
 Suite, Apt. #, etc.
SUITE 103

City & State
LAKE MARY FL

Zip
32746

Country
US



02262004 Chg-NP CR2E037 (10/03)

4. FEI Number
36-3630660

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NEIBAUER, LAWRENCE L
841 EAGLE CLAW CT.
LAKE MARY, FL 32746-4881

7. Name and Address of New Registered Agent

Name **THOMAS P. HAMMERBERG**

Street Address (P.O. Box Number is Not Acceptable)
1655 SHADOWMOSS CIRCLE

City **LAKE MARY** FL Zip Code **32746**

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 *Thomas P. Hammerberg* **THOMAS P. HAMMERBERG** PRESIDENT / **3/25/2004**
 EXECUTIVE DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2004**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NORTON, THOMAS F 16 CHERRY ST. CAMBRIDGE, MA 021393473 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOURGEOIS, ROGER STATION 1, BOX 10157 HOUMA, LA 703630157 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BALLEW, JUNE 273 BRANCHPORT AVE. LONG BRANCH, NJ 07740 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NEIBAUER, LAWRENCE L 841 EAGLE CLAW CT. LAKE MARY, FL 327464881 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLACK, ART BOX 7168 CARMEL BY THE SEA, CA 93921 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARY, SHANE 925 YGNACIO VALLEY RD. #100 WALNUT CREEK, CA 945963875 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NORTON, THOMAS F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/m THOMAS P. HAMMERBERG 1655 SHADOWMOSS CIRCLE LAKE MARY FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T/D ROBERT B. FRASER 100 SIMPLEX DRIVE WESTMINSTER MA 01441-0001 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Thomas P. Hammerberg* **THOMAS P. HAMMERBERG** PRESIDENT / EXECUTIVE DIRECTOR **3/25/2004** 407-322-6288

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