


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P04375
 1. Entity Name
VFP FIRE SYSTEMS, INC.



Principal Place of Business Mailing Address
1301 L'ORIENT ST **1301 L'ORIENT ST**
SAINT PAUL, MN 55117 US **SAINT PAUL, MN 55117 US**

DO NOT WRITE IN THIS SPACE



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-1913510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000626816
 02/15/07-80034-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSTON, RYAN
STREET ADDRESS	1301 L'ORIENT ST
CITY-ST-ZIP	ST. PAUL, MN 55117
TITLE	T
NAME	KUHA, BRYAN
STREET ADDRESS	1301 L'ORIENT ST
CITY-ST-ZIP	ST. PAUL, MN 55117
TITLE	D
NAME	ANDERSON, L.R.
STREET ADDRESS	2366 ROSE PLACE
CITY-ST-ZIP	SAINT PAUL, MN 55113
TITLE	D
NAME	BEADIE, WILLIAM
STREET ADDRESS	2366 ROSE PLACE
CITY-ST-ZIP	SAINT PAUL, MN 55113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* **Treasurer** **2/2/07** **651.558.3300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #