

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005982

**FILED**  
**Mar 15, 2017**  
**Secretary of State**  
**CC1764968686**

**Entity Name:** THE FIRE SAFETY HOUSE INC.

**Current Principal Place of Business:**

4024 HOLIDAY DRIVE  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

PO BOX 18877  
PANAMA CITY BEACH, FL 32417

**FEI Number:** 26-3874361

**Certificate of Status Desired:** Yes

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

STOPKA, ROBERT  
4024 HOLIDAY DRIVE  
PANAMA CITY BEACH, FL 32408 US

*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:** ROBERT J. STOPKA

03/15/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           STOKES, CHAD  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title           SECRETARY  
Name           STOPKA, ROBERT J  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title           DIRECTOR  
Name           WRIGHT, SHANE  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title           DIRECTOR  
Name           CLINKSCALES, MAYLON  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title           DIRECTOR  
Name           WRIGHT, LANDON  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title           DIRECTOR  
Name           LAVERY, ROBERT  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title           DIRECTOR  
Name           BOWDEN, JASON  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title           DIRECTOR  
Name           LUCZAJ, BRANDON  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

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*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT J. STOPKA

**TREASURER**

03/15/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           STOPKA, BOB  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title           DIRECTOR  
Name           OLESKA, CHRIS  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title           DIRECTOR  
Name           MCCLINTOCK, CHRIS  
Address        4024 HOLIDAY DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408