## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 299307** 

FILED Jul 22, 2005 Secretary of State

Entity Name: SOUTH ATLANTIC FIRE EQUIPMENT COMPANY, INC.

Current Principal Place of Business: New Principal Place of Business:

5863 W BEAVER ST

JACKSONVILLE, FL 322542868 US

Current Mailing Address: New Mailing Address:

5863 W BEAVER ST 2848 IONIC AVE

JACKSONVILLE, FL 322542868 US JACKSONVILLE, FL 32210 US

FEI Number: 59-1108348 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BRYAN, THOMAS A
4998 ARAPAHOE AVE
BRYAN, THOMAS A
2848 IONIC AVE

JACKSONVILLE, FL 32210 US JACKSONVILLE, FL 32210 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: 07/22/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 BRYAN, SUE P,
 Name:
 BRYAN, SUE M

 Address:
 3954 MCGIRTS BLVD
 Address:
 3954 MCGIRTS BLVD

 City-St-Zip:
 JACKSONVILLE, FL 32210 US
 City-St-Zip:
 JACKSONVILLE, FL 32210 US

Title: V (X) Delete Title: ( ) Change ( ) Addition

 Name:
 GARLAND, TANYA
 Name:

 Address:
 5256 PALMER AVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32210 US
 City-St-Zip:

Title: PRA () Delete Title: P (X) Change () Addition

Name:BRYAN, THOMAS A.,Name:BRYAN, THOMAS A.Address:4998 ARAPAHOE AVEAddress:2848 IONIC AVE

City-St-Zip: JACKSONVILLE, FL 32210 US City-St-Zip: JACKSONVILLE, FL 32210 US

Title: D () Delete Title: () Change () Addition

 Name:
 PARHAM, HAROLD DR
 Name:

 Address:
 5151 YACHT CLUB ROAD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32210 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. BRYAN PRES 07/22/2005