

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 384122

Entity Name: FIRESERVICE, INC.

FILED
Jan 20, 2008
Secretary of State

Current Principal Place of Business:

3120 WINKLER AVE EXT
#30
FT MYERS, FL 33916 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6986
FT MYERS, FL 33911 US

New Mailing Address:

FEI Number: 59-1353864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAUTE, WILLIAM R. III
3120 WINKLER AVE EXT
#30
FT. MYERS, FL 33916 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAUTE, WILLIAM R. III
Address: 5760 HARBORAGE DRIVE
City-St-Zip: FORT MYERS, FL

Title: TDV () Delete
Name: MAUTE, MARTHA D.
Address: 887 S. TOWN & RIVER DR.
City-St-Zip: FT MYERS, FL

Title: S () Delete
Name: MAUTE, MARTHA D.,
Address: 887 S TOWN & RIVER DR.
City-St-Zip: FT MYERS, FL

Title: VD () Delete
Name: MAUTE, WILLIAM R. JR.
Address: 887 S. TOWN AND RIVER DR.
City-St-Zip: FORT MYERS, FL

Title: VD () Delete
Name: MAUTE, KIRK D
Address: 13520 BRYNWOOD LN
City-St-Zip: FT MYERS, FL 33912

Title: V () Delete
Name: GATTENY, DEANN
Address: 18518 VIOLET ROAD
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM R. MAUTE III

PRES

01/20/2008

Electronic Signature of Signing Officer or Director

Date