

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 493444

Entity Name: B & C FIRE SAFETY, INC.

FILED  
Jan 12, 2005  
Secretary of State

## Current Principal Place of Business:

823 NAVY STREET  
FORT WALTON BEACH, FL 32547

## New Principal Place of Business:

## Current Mailing Address:

823 NAVY STREET  
FORT WALTON BEACH, FL 32547

## New Mailing Address:

FEI Number: 59-1641904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, ALEXANDRA  
66 INDIGO LOOPE  
DESTIN, FL 32550 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: PS ( ) Delete  
Name: ALLIGOOD JR., WALTER, LEE  
Address: 608 MANOR CT  
City-St-Zip: FT. WALTON BCH., FL

Title: VT ( ) Delete  
Name: ALLIGOOD, DOROTHY AN, N  
Address: 608 MANOR CT.  
City-St-Zip: FT. WALTON BCH., FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: ALLIGOOD JR., WALTER, LEE  
Address: 111 TROY CIRCLE  
City-St-Zip: FT. WALTON BCH., FL 32547

Title: VT (X) Change ( ) Addition  
Name: ALLIGOOD, DOROTHY AN, N  
Address: 111 TROY CIRCLE  
City-St-Zip: FT. WALTON BCH., FL 32547

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: DOROTHY ANN ALLIGOOD

VT

01/12/2005

Electronic Signature of Signing Officer or Director

Date