

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 577489

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** LESTER KING FIRE AND SAFETY EQUIPMENT, INC.

**Current Principal Place of Business:**

2141 - 12TH STREET  
SARASOTA, FL 342372703

**New Principal Place of Business:**

**Current Mailing Address:**

2141 - 12TH STREET  
SARASOTA, FL 342372703

**New Mailing Address:**

**FEI Number:** 59-1829040

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILEO, CHRISTOPHER  
2141 12TH STREET  
SARASOTA, FL 34237 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SILEO, CHRISTOPHER  
Address: 2141 12TH ST  
City-St-Zip: SARASOTA, FL

Title: ST ( ) Delete  
Name: SILEO, BARBARA  
Address: 2141 12TH ST  
City-St-Zip: SARASOTA, FL

Title: VPD (X) Delete  
Name: SILEO, ANDREW  
Address: 2141 12 ST.  
City-St-Zip: SARASOTA, FL 34237

**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:

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: CHRISTOPHER SILEO

PD

05/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date