2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706349

FILED Jul 03, 2006 Secretary of State

Entity Name: FLORIDA FIRE EQUIPMENT DEALERS ASSOCIATION, INC.

Current Pr	incipal Place of Business:	New F	Principal Place of Business:
	KNOX ROAD		
L103 TALLAHAS	SSEE, FL 32303 US		
Current Ma	ailing Address:	New N	Mailing Address:
325 JOHN	KNOX ROAD		
L103	SSEE, FL 32303 US		
FEI Number:		d For () FEI Number Not	ot Applicable () Certificate of Status Desired ()
	e with s. 607.193(2)(b), F.S., the corpo		
name and	Address of Current Registered	Agent: Name	e and Address of New Registered Agent:
	MY KNOX ROAD		
L103 TALLAHAS	SSEE, FL 32303 US		
The above in the State		ent for the purpose of chang	ging its registered office or registered agent, or both,
SIGNATUR	RE:		
	Electronic Signature of Reg	istered Agent	Date
OFFICERS	S AND DIRECTORS:	ADDIT	ITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:	P () Delete IPOCK, J.T.	Title: Name:	D (X) Change () Addition
Name: Address:	5863 W BEAVER ST.	Address	•
City-St-Zip:	JACKSONVILLE, FL 322542868	City-St-	t-Zip: JACKSONVILLE, FL 322542868
Title:	V () Delete	Title:	T (X) Change () Addition
Name: Address:	BOBIK, MICHAEL 3209 KNOX MCRAE DR.	Name: Address	,
City-St-Zip:	TITUSVILLE, FL 32780	City-St-	
Title:	ED () Delete	Title:	() Change () Addition
Name: Address:	NAPIER, AMY 325 JOHN KNOX ROAD L103	Name: Address	
City-St-Zip:	TALLAHASSEE, FL 32303	City-St-	
Title:	S () Delete	Title:	P (X) Change () Addition
Name:	BOWERSOX, TED	Name:	,
Address: City-St-Zip:	1701 SOUTH ST. LEESBURG, FL 34748	Address City-St-	
Title:	D () Delete	Title:	V (X) Change()Addition
Name:	SHERWOOD, PAUL	Name:	•
Address: City-St-Zip:	37 TUPELO AVE. FORT WALTON BEACH, FL 32548	Address City-St-	
Title:	D () Delete	Title:	S (X) Change () Addition
Name:	GROSEFFI, JOHN	Name:	
Address: City-St-Zip:	101 SW 6TH ST FORT LAUDERDALE, FL 33301	Address City-St-	
		,	
l hereby ce	rtify that the information supplied	with this filing does not gual	alify for the for the exemption stated in Chapter 119

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY NAPIER ED 07/03/2006