
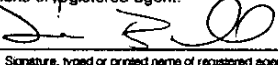
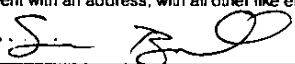


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90185 005 \*\*\*150.00

<b>DOCUMENT # F02000001468</b> 1. Entity Name <b>AUTOMATIC FIRE SAFETY, INC.</b>					
Principal Place of Business <b>2224 NEW STATENVILLE HIGHWAY VALDOSTA, GA 31606</b>			Mailing Address <b>PO BOX 1304 VALDOSTA, GA 31603</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BULL, SEAN RT 3 BOX 1422 MADISON, FL 32340</b>				Name <b>Bull Sean</b> Street Address (P.O. Box Number is Not Acceptable) <b>211 NW Jersey Rd</b> City <b>Madison</b> <b>FL</b> Zip Code <b>32340</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <b>President</b> <span style="float: right;">4-20-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BULL, SEAN 285 NW JERSEY RD. MADISON, FL 32340</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Sean Bull 211 NW Jersey Rd Madison, FL 32340</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>new address</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HATHAWAY, JAMES 2224 NEW STATENVILLE HIGHWAY VALDOSTA, GA 31606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-21-05</b> <small>Date</small>		<b>229-242-3567</b> <small>Daytime Phone #</small>

00044300



01122005 Chg-P CR2E034 (10/03)

4. FEI Number **58-2056174** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required