

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000208

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** INDUSTRIAL/COMMERCIAL FIRE PROTECTION, INC.

**Current Principal Place of Business:**

1209-C HWY 613 SOUTH  
LUCEDALE, MS 39452

**New Principal Place of Business:**

**Current Mailing Address:**

1209-C HWY 613 SOUTH  
LUCEDALE, MS 39452

**New Mailing Address:**

**FEI Number:** 65-1201346      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CORPDIRECT AGENTS, INC.  
515 E PARK AVE  
TALLAHASSEE, FL 32301      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

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: DAVIS, JAMES R  
Address: 122 ASHTON DRIVE  
City-St-Zip: LUCEDALE, MS 39452

Title: VCVP  
Name: DAVIDSON, JOSEPH E  
Address: 7815 FRANK SNELL RD  
City-St-Zip: MOSS POINT, MS 39562

Title: S  
Name: DAVIDSON, JOSEPH E  
Address: 7815 FRANK SNELL RD  
City-St-Zip: MOSS POINT, MS 39562

I hereby 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 all other like empowered.

SIGNATURE: JAMES R. DAVIS

PRES

01/04/2011

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

\_\_\_\_\_ Date