

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90019 005 ****61.25

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DOCUMENT # F95000002306 1. Entity Name AUTOMATIC FIRE ALARM ASSOCIATION, INC.					
Principal Place of Business 3575 W. LAKE MARY BLVD STE 103 LAKE MARY, FL 32746 US			Mailing Address P.O. BOX 951807 LAKE MARY, FL 32795-1807		
2. Principal Place of Business 1349 S. INTERNATIONAL PARKWAY		3. Mailing Address			
Suite, Apt. #, etc. 2411		Suite, Apt. #, etc.			
City & State LAKE MARY FL		City & State		4. FEI Number 36-3630660	
Zip 32746		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMMERBERG, THOMAS P 1655 SHADOWMOSS CIR LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Thomas P. Hammerberg</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>THOMAS P. HAMMERBERG, PRESIDENT</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>1/9/2006</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMMERBERG, THOMAS P 1655 SHADOWMOSS CIRCLE LAKE MARY, FL 32746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURGEQIS, ROGER STATION 1, BOX 10157 HOUMA, LA 703630157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLEW, JUNE 273 BRANCHPORT AVE. LONG BRANCH, NJ 07740	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUDWIG, JAMES 1749 E. HIGHWOOD PONTIAC, MI 48340	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, MARTIN 8141 TELEGRAPH ROAD, SUITE F SEVERN, MD 21144	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYER, ROBERT 7852 BROWNING ROAD PENNSAUKEN, NJ 08109	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Thomas P. Hammerberg</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>THOMAS P. HAMMERBERG</u> <small>Date</small>		<u>1/9/06 407-833-9133</u> <small>Daytime Phone #</small>	