

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 28, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # G92572**

1. Entity Name

SUNSTATE FIRE EXTINGUISHER SERVICE, INC.



Principal Place of Business

401 NORTH SCENIC HIGHWAY  
LAKE WALES FL 33853  
US

Mailing Address

PO BOX 1257  
LAKE WALES FL 33859-1257  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number

59-2528411

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTLINE, ALAN L.  
401 N SCENIC HWY  
LAKE WALES FL 33853-3745

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME HARTLINE, ALAN L.  
STREET ADDRESS 401 N SCENIC HWY  
CITY-ST-ZIP LAKE WALES FL 33853-3745

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

SIGNATURE:

*Alan L. Hartline*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN L. HARTLINE

863-678-0678

Date 3/28/07

Daytime Phone #