

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41955

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: EVEREADY FIRE & SECURITY EQUIPMENT, INC.

## Current Principal Place of Business:

7933 W HOMOSASSA TRL  
STE A  
HOMOSASSA, FL 34448 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 250  
HOMOSASSA SPRINGS, FL 34447 US

## New Mailing Address:

FEI Number: 59-2538894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCALZI, KAREN STATON  
7933 W HOMOSASSA TRL  
STE A  
HOMOSASSA, FL 34448 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: SCALZI-STATON, KAREN,  
Address: 2055 N. CROFT AVE.  
City-St-Zip: INVERNESS, FL

Title: S ( ) Delete  
Name: CARR-STATON, C. LATRELLE  
Address: 2400 S HULL TERRACE  
City-St-Zip: HOMOSASSA, FL 34448

Title: V ( ) Delete  
Name: SCALZI, TIMOTHY  
Address: 2055 N CROFT AVE  
City-St-Zip: INVERNESS, FL

Title: DIR ( ) Delete  
Name: LIMBAUGH, TENNILLE R  
Address: 2370 S HULL TERRACE  
City-St-Zip: HOMOSASSA, FL 34448 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: SCALZI-STATON, KAREN,  
Address: 2055 N. CROFT AVE.  
City-St-Zip: INVERNESS, FL 34453

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: SCALZI, TIMOTHY  
Address: 2055 N CROFT AVE  
City-St-Zip: INVERNESS, FL 34453

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCALZI-STATON KAREN

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date