

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # H56265 1. Entity Name ALACHUA FIRE EXTINGUISHER COMPANY	
--	---

Principal Place of Business 2939 S.W. WILLISTON RD. GAINESVILLE, FL 32608	Mailing Address 2939 S.W. WILLISTON RD. GAINESVILLE, FL 32608
---	---



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2530924	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HODGE, JAMES R 2939 SW WILLISTON RD GAINESVILLE, FL 32608

DO NOT WRITE IN THIS SPACE

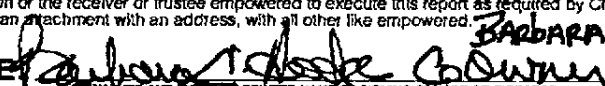
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HODGE, JAMES R. 2939 S.W. WILLISTON RD. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HODGE, BARBARA C. 2939 S.W. WILLISTON RD GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBBINS, TINA L 2939 S.W. WILLISTON RD GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000411693
02/10/06-80018-005 150.00

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 677, 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  BARBARA C. HODGE
DATE 1-27-06 DAYTIME PHONE # 352-377-3473