2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2004 08:00 AM DOCUMENT # J26322 Secretary of State 1. Entity Name CENTRAL FIRE AND SAFETY EQUIPMENT, INC. Principal Place of Business Mailing Address 2901 SE HIGHWAY 31 2901 SE HIGHWAY 31 ARCADIA FL 34266 US ARCADIA FL 34266 US 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 59-2487316 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, DAVID E Street Address (P.O. Box Number is Not Acceptable) 2901 SE HIGHWAY 31 ARCADIA FL 34266 City 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 regulard when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Electron Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BBLE ☐ Delete HILE Change Acdition NAME WILLIAMS, DANIEL E. NAME U00000039213 STREET ADDRESS STREET ADDRESS 1782 FISH BRANCH RD 02/06/04-90169-011 150.00 CITY -ST-ZIP ZOLFO SPRINGS FL 33890 CITY-ST-21P ☐ Cliange Addition TITLE Defete TITLE NAME WILLIAMS, DAVID E MAME STREET ADDRESS STREET ADDRESS 1259 NW FLICAL YPUS AVE CITY - ST - ZIP ARCADIA FL 34266 CRTY - ST-ZIP T871 F Change ☐ Addition TITLE Delete NAME NAME WILLIAMS, JOAN M STREET ADDRESS STREET ADDRESS 1782 FISH BRANCH RD CITY-ST-ZIP ZOLFO SPRINGS FL 33890 CITY ST-ZIP ☐ Change BILE TITLE ☐ Delete ☐ Addition GROSS, RANDY K NAME 1452 SW FLETCHER ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARCADIA FL 34266 C4EY - SE- 7/2 ☐ Delete Change Addition HR.F THILE NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

FILED