2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J26322

FILED Apr 27, 2005 Secretary of State

Entity Name: CENTRAL FIRE AND SAFETY EQUIPMENT, INC.

	-	ce of Business:	New Principa	al Place of Business:
	IIGHWAY 31 FL 34266	US		
Current N	lailing Addr	ess:	New Mailing	Address:
	IIGHWAY 31 FL 34266	US		
FEI Number	: 59-2487316	FEI Number Applied For()	FEI Number Not Applica	ble () Certificate of Status Desired ()
Name and	l Address of	Current Registered Agent:	Name and A	ddress of New Registered Agent:
2901 SE H	S, DAVID E IIGHWAY 31 FL 34266	US		
Th b	named entit	v submits this statement for the	purpose of changing its r	registered office or registered agent, or both,
	e of Florida.	,	purpose of enanging to	
	e of Florida.	,	parpose or origing her	
in the State	e of Florida. RE:	onic Signature of Registered Ag		Date
in the State	e of Florida. RE: Electr			Date
in the State SIGNATUI	e of Florida. RE: Electr	onic Signature of Registered Aging Trust Fund Contribution ().	gent	Date CHANGES TO OFFICERS AND DIRECTORS
in the State SIGNATUI	e of Florida. RE: Electr mpaign Financ S AND DIRE C WILLIAMS, E 1782 FISH B	onic Signature of Registered Aging Trust Fund Contribution (). CTORS: (X) Delete DANIEL E.,	gent	
in the State SIGNATUI Election Car OFFICER: Title: Name: Address:	e of Florida. RE: Electr mpaign Financ S AND DIRE C WILLIAMS, E 1782 FISH B ZOLFO SPRI P WILLIAMS, E	onic Signature of Registered Aging Trust Fund Contribution (). CCTORS: (X) Delete DANIEL E., RANCH RD NGS, FL 33890 () Delete DAVID E CALYPUS AVE	gent ADDITIONS/ Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTORS
in the State SIGNATUI Election Car OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electr mpaign Financ S AND DIRE C WILLIAMS, E 1782 FISH B ZOLFO SPRI P WILLIAMS, E 1259 NW EU ARCADIA, FL S WILLIAMS, J 1782 FISH B	onic Signature of Registered Aging Trust Fund Contribution (). CCTORS: (X) Delete DANIEL E., RANCH RD NGS, FL 33890 () Delete DAVID E CALYPUS AVE . 34266 () Delete OAN M	ADDITIONS/ Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Saddress: City-St-Zip: Title: Shame: Vaddress: Address:	CHANGES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID E WILLIAMS P 04/27/2005