

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90015 038 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # J40116**

1. Entity Name

TAMPA FIRE EQUIPMENT COMPANY



Principal Place of Business

1920 WEST CASS ST.  
TAMPA, FL 33606

Mailing Address

1920 W CASS ST  
TAMPA, FL 33606 US

66008185



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2761777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CHANDRAKURR, K.  
5113 PENNSBURY DRIVE  
TAMPA, FL 33624

**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 \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD ANNAMANTHADOO, CLAYTON S 12124 FRUITWOOD DR. RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD ANNAMANTHADOO, LORRENDRA 12124 FRUITWOOD DR. RIVERVIEW, FL
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**DO NOT WRITE  
IN THIS SPACE**

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 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:** \_\_\_\_\_

LORRENDRA ANNAMANTHADOO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-06

Date

Daytime Phone #