

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J55452**

1. Entity Name  
**A & A FIRE & SAFETY, INC.**



Principal Place of Business  
**12340 E HWY 40  
SILVER SPRINGS, FL 34488**

Mailing Address  
**107 NE 1ST AV.  
OCALA, FL 34470 US**

**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2788126**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BERK, CHARLES E.  
2603 SE 17TH AVE.  
OCALA, FL 34471**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	ALLEN, MISSY
STREET ADDRESS	5974 NE 26TH AVE.
CITY-ST-ZIP	OCALA, FL 34479
TITLE	S
NAME	LISA BALLARD
STREET ADDRESS	188 NE 120TH AVE.
CITY-ST-ZIP	SILVER SPRINGS, FL 34488
TITLE	P
NAME	PAOLUCCI, LORI LEMILY
STREET ADDRESS	1864 NE 125TH TERR RD
CITY-ST-ZIP	SILVER SPRINGS, FL 34488
TITLE	VP
NAME	LEMILY, ARTHUR J.
STREET ADDRESS	192 NE 120TH AVE.
CITY-ST-ZIP	SILVER SPRINGS, FL 34488
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000222768  
02/10/05-80014-021 158.75

**DO NOT WRITE  
IN THIS SPACE**

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

*Missy Allen*

**MISSY ALLEN 1/17/05 (352) 625-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #