2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 21, 2007 8:00 am DOCUMENT # J55452 Secretary of State I. Entity Name A & A FIRE & SAFETY, INC. 02-21-2007 90021 042 ***158.75 Principal Place of Business Mailing Address 2215 SE FT. KING STREET 12340 E HWY 40 SILVER SPRINGS, FL 34488 OCALA, FL 34471 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2788126 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERK, CHARLES E. Street Address (P.O. Box Number is Not Acceptable) 2603 SE 17TH AVE. OCALA, FL 34471 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 required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F Delete TITI F ☐ Change Addition NAME ALLEN, MISSY NAME 5974 NE 26TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34479 CITY-ST-ZIP S Delete TITLE TITLE XI Change ☐ Addition Lisa Robinson LISA BALLARD NAME NAME STREET ADDRESS 188 NE 120TH AVE. STREET ADDRESS CITY-ST-ZIP SILVER SPRINGS, FL 34488 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition PAOLUCCI, LORI LEMILY NAME NAME STREET ADDRESS 1864 NE 125TH TERR RD STREET ADDRESS CITY - ST-ZIP SILVER SPRINGS, FL 34488 CITY-ST-ZIP RTIF Delete TITLE ☐ Change ■ Addition LEMILY, ARTHUR J. NAME NAME STREET ADDRESS 192 NE 120TH AVE. STREET ADDRESS CITY-ST-ZIP SILVER SPRINGS, FL 34488 CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

Allen

SIGNATURE:	<u>~ </u>	Ime	(Allen	Missy
	SIG	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

STREET ADDRESS

CITY-ST-ZIP

352-625-7000

Daytime Phone #

FILED