

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J55452

FILED
Feb 13, 2009
Secretary of State

Entity Name: A & A FIRE & SAFETY, INC.

Current Principal Place of Business:

12340 E HWY 40
SILVER SPRINGS, FL 34488

New Principal Place of Business:

Current Mailing Address:

2215 SE FT. KING STREET
B
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-2788126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ALLEN, MISSY
Address: 5974 NE 26TH AVE.
City-St-Zip: OCALA, FL 34479

Title: S () Delete
Name: LISA BALLARD,
Address: 188 NE 120TH AVE.
City-St-Zip: SILVER SPRINGS, FL 34488

Title: P () Delete
Name: PAOLUCCI, LORI LEMIL, Y
Address: 1864 NE 125TH TERR RD
City-St-Zip: SILVER SPRINGS, FL 34488

Title: VP () Delete
Name: LEMILY, ARTHUR J.
Address: 192 NE 120TH AVE.
City-St-Zip: SILVER SPRINGS, FL 34488

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LISA ROBINSON,
Address: 188 NE 120TH AVE.
City-St-Zip: SILVER SPRINGS, FL 34488

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LORI PAOLUCCI

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date