


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90093 006 \*\*\*158.75

<b>DOCUMENT # L17627</b> 1. Entity Name <b>INDUSTRIAL FIRE &amp; SAFETY INC.</b>	
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Principal Place of Business <b>12075 34TH STREET NORTH UNIT A SAINT PETERSBURG, FL 33716 US</b>	Mailing Address <b>PO BOX 17389 CLEARWATER, FL 33762 US</b>
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**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2969919</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>COUGHLIN, CAROLTON C 12075 34TH STREET NORTH - UNIT A SAINT PETERSBURG, FL 33716</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COUGHLIN, CAROLTON C 3211 BAYSHORE BLVD NE ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COUGHLIN, MICHELE H 3851 18TH AVE N ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VALDEZ, FRANK 8413 N GOMEZ AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:** Frank Valdez **FRANK VALDEZ (DIRECTOR)** 1/15/07 (727) 573-1556  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #