
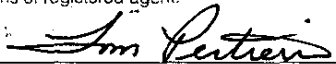
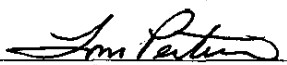


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90187 002 ****61.25

DOCUMENT # N14030 1. Entity Name NATIONAL ASSOCIATION OF POLICE EQUIPMENT DISTRIBUTORS, INC.					
Principal Place of Business 4941 S. LAKE DR. BOYNTON BEACH FL 33435			Mailing Address 4941 S. LAKE DR. BOYNTON BEACH FL 33435		
2. Principal Place of Business 712 E. TURKEY ROOST DR. GREENVILLE, FL 32331 Suite, Apt. #, etc.		3. Mailing Address 712 E. TURKEY ROOST DR. GREENVILLE, FL 32331 Suite, Apt. #, etc.			
City & State GREENVILLE FL		City & State GREENVILLE FL		4. FEI Number 65-0015225	
Zip 32331		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERTIERRA, TOM 712 TURKEY ROAST DRIVE GREENVILLE FL 32331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 712 E. TURKEY ROOST DR. City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div> 5-1-04 <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ALLAN, KAREN M 7609 MIDLOTHIAN TURNPIKE RICHMOND VA 23235		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete PARKS, CATHERINE 6521 LANSING ROAD CHARLOTTE MI 48813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete PERTIERRA, THOMAS A 712 TURKEY ROOST DRIVE GREENVILLE FL 32331		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SHERBURNE, PHILLIPS B 201 S. SHELBURNE ROAD GREENFIELD MA 01302-0182		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GRIGGS, ELDON L. 1872 FARM VIEW DR. LEXINGTON, KY 40515	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MAGOLDA, ANTHONY M 5521 WHITE HORSE PIKE EGG HARBOR CITY NJ 08215		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ORR, WILLIAM J JR 11 HILLWAY DRIVE ROUND ROCK TX 78664		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:  TOM PERTIERRA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5-1-04 850-997-0795 <small>Date Daytime Phone #</small>		