


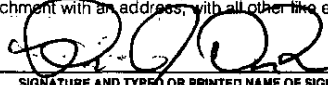


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90119 017 ****70.00

DOCUMENT # N21528 1. Entity Name GULF SOUTH FIRE SAFETY EDUCATION ASSOCIATION INCORPORATED					
Principal Place of Business JOHN L RAMOS 24790 CA RD 20 ELBERTA, AL 36530 US			Mailing Address JOHN L RAMOS PO BOX 33080 PENSACOLA, FL 32508 US		
2. Principal Place of Business FIRE & EMERGENCY SERVICES Suite, Apt. #, etc. NAS, PENSACOLA CO-30700 BLDG 4125 City & State 190 RADFORD BLVD PENSACOLA, FL Zip 32508 Country US		3. Mailing Address PETER J. DeRoy Suite, Apt. #, etc. P.O. Box 33080 City & State PENSACOLA, FL Zip 32508 Country US			
4. FEI Number 59-2859495		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				08102004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent RAMOS, JOHN L 24790 CO RD 20 DR PO BOX 33080 NAS, PENSACOLA, FL PENSACOLA, FL 32526			7. Name and Address of New Registered Agent Name FIRE & EMERGENCY SERVICES ATTN: PETER DeRoy Street Address (P.O. Box Number is Not Acceptable) NAS PENSACOLA CO-30700 BLDG 4125 190 RADFORD BLVD City PENSACOLA, FL Zip Code 32508		
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  PETER J. DeRoy 8/31/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMOS, JOHN <input checked="" type="checkbox"/> Delete 24790 C RD 20 ELBERTA, AL 36530				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOK, CHAD <input type="checkbox"/> Delete 9661 HIGHWAY 97 CENTURY, FL 32535				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCFARLAND, GUY A <input checked="" type="checkbox"/> Delete 5 NORTH 77TH AVE CENTURY, FL 32535				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROY, DE <input checked="" type="checkbox"/> Delete 17331 HIGHWAY 104 SILVERHILL, AL 36576				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, CHARLES <input type="checkbox"/> Delete 2017 HAMILTON CROSSING DR. CANTONMENT, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, CHARLES <input type="checkbox"/> Delete 2017 HAMILTON CROSSING DR CONTONMENT, FL				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WOOD, WILLIAM, J. 4744 WARD BASIN RD MILTON, FL 32583				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition Deroy, PETER, J. 17331 HWY 104 SILVERHILL, AL 36576				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MCFARLAND, GUY A. 5 NORTH 77TH AV CENTURY, FL 32535				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)				
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 line empowered.					
SIGNATURE:  PETER J. DeRoy 8/31/04 (850) 452-3211 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					