

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90038 014 ***158.75

DOCUMENT # P00000009117

1. Entity Name
C - T FIRE PROTECTION, INC.



Principal Place of Business
7386 SOUTH COUNTY ROAD 125
MACCLENNEY, FL 32063

Mailing Address
7386 SOUTH COUNTY ROAD 125
MACCLENNEY, FL 32063

2. Principal Place of Business
916 Euclid Ave

3. Mailing Address
916 Euclid Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112006

Chg-P

CR2E034 (11/05)

City & State
Lehigh Acres FL

City & State
Lehigh Acres FL

4. FEI Number
59-3628130

Applied For
Not Applicable

Zip
33936

Country
USA

Zip
33936

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NADER, CHARLES
916 EUCLID AVE
LEHIGH ACRES, FL 33936

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NADER, CHARLES. PRES.	
STREET ADDRESS	916 EUCLID AVE	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NADER, LORELEI V-PRES.	
STREET ADDRESS	916 EUCLID AVE	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NADER, THOMAS A SECT.	
STREET ADDRESS	7386 SOUTH CR 125	
CITY-ST-ZIP	MACCLENNEY, FL 32063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	O	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Charles Nader* *Charles Nader*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-06

Date

863-990-5114

Daytime Phone #