


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90011 032 \*\*\*150.00

<b>DOCUMENT # P00000040041</b> 1. Entity Name <b>AXIS FIRE SUPPLY, INC.</b>					
Principal Place of Business <b>14476 DUVAL PLACE WEST SUITE 205 JACKSONVILLE, FL 32218</b>			Mailing Address <b>P. O. BOX 26328 JACKSONVILLE, FL 32226</b>		
2. Principal Place of Business - No P.O. Box # <b>4446-1A Hendricks Ave</b>		3. Mailing Address <b>4446-1A Hendricks Ave</b>			
Suite, Apt. #, etc. <b>Suite 381</b>		Suite, Apt. #, etc. <b>Suite 381</b>			
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>			
Zip <b>32207</b>		Country <b>Duval</b>		Zip <b>32207</b>	
Country <b>Duval</b>		Country <b>Duval</b>			
4. FEI Number <b>59-3640021</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>ALEXANDER, JOHN T 14476 DUVAL WEST SUITE 205 JACKSONVILLE, FL 32208</b>			7. Name and Address of New Registered Agent Name <b>George Ridge</b> Street Address (P.O. Box Number is Not Acceptable) <b>136 E. Bay Street</b> <b>Suite 301</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32202</b>		
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 <u><i>George E Ridge</i></u> DATE <u>2/22/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEXANDER, JOHN T MR 14476 DUVAL PLACE WEST SUITE 205 JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTGOMERY, JOHN D MR 14476 DUVAL PLACE WEST SUITE 205 JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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: <u><i>George E Ridge</i></u>		2/25/08		904-396-1440	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	