

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000040301

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** INTERNAL FIRE PROTECTION, INC.

**Current Principal Place of Business:**

197 SUNCREST DRIVE  
DEBARY, FL 32713

**New Principal Place of Business:**

274 SOUTH TIMBERLANE DRIVE  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

PO BOX 531052  
DEBARY, FL 327531052

**New Mailing Address:**

PO BOX 1141  
NEW SMYRNA BEACH, FL 32170

**FEI Number:** 59-3643159

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HOCTOR, J. JAMES  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LYON, ANDREW  
Address: 274 SOUTH TIMBERLANE DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW LYON

D

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date