

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000042748

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA INCIDENT RESPONSE SAFETY TRAINING, INC.

**Current Principal Place of Business:**

1915 S. ANDREWS AVENUE  
FT. LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

1915 S. ANDREWS AVENUE  
FT. LAUDERDALE, FL 33316

**New Mailing Address:**

**FEI Number:** 65-1011187

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORLEY, THEODORE  
1919 S ANDREWS AVE.  
FT. LAUDERDALE, FL 33316 US

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

LA DUKE, RONALD  
1909 SW 1ST AVE  
100  
FT. LAUDERDALE, FL 33315 US

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: RONALD LA DUKE

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: MORLEY, THEODORE  
Address: 1919 S ANDREWS AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VPTD  
Name: MORLEY, BEVERLY A  
Address: 1919 S ANDREWS AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33316

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: THEODORE MORLEY

DP

04/30/2012

Electronic Signature of Signing Officer or Director

Date