

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90061 009 \*\*\*150.00

DOCUMENT # P00000110581

1. Entity Name

ALERT-ONE-FIRE, INC.



Principal Place of Business

2140 BROADWAY AVE  
FT MYERS FL 33901

Mailing Address

2140 BROADWAY AVE  
FT MYERS FL 33901

2. Principal Place of Business

3600 Broadway

3. Mailing Address

3600 Broadway

Suite, Apt. #, etc.

Suite #5

Suite, Apt. #, etc.

Suite #5

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33901

Country

USA

Zip

33901

Country

USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-1058302

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUTTER, WILLIAM L  
2140 BROADWAY AVE  
FT MYERS FL 33901

7. Name and Address of New Registered Agent

Name

Butter, William L

Street Address (P.O. Box Number is Not Acceptable)

3600 Broadway Suite #5

City

Fort Myers

FL

Zip Code

33901

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

*William L. Butter*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BUTTER, WILLIAM L	
STREET ADDRESS	17624 VILLAGE INLET CT	
CITY - ST - ZIP	FT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTTER, MARCELLA A	
STREET ADDRESS	17624 VILLAGE INLET CT	
CITY - ST - ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTER, WILLIAM L	
STREET ADDRESS	1944 S E 21st COURT	
CITY - ST - ZIP	CAPE CORAL, FL 33990	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTER, MARCELLA A	
STREET ADDRESS	1944 S E 21st COURT	
CITY - ST - ZIP	CAPE CORAL, FL 33990	
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
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 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 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:

*William L. Butter*

WILLIAM BUTTER PRESIDENT 01/24/05 239-334-6228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #