


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90050 012 ***150.00

DOCUMENT # P01000110277 1. Entity Name CORBETT FIRE PROTECTION, INC.					
Principal Place of Business 4521 NORTH GATE COURT SARASOTA, FL 34234 US			Mailing Address 5900 S TAMIAMI TRAIL SUITE 1 SARASOTA, FL 34231		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 19319 Suite, Apt. #, etc.			
City & State _____		City & State SARASOTA, FL		4. FEI Number 65-1152861	
Zip _____		Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRACY, CATHERINE L PA 5900 S. TAMIAMI TRAIL SUITE 1 SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name CATHERINE L. TRACY Street Address (P.O. Box Number is Not Acceptable) 2058 Constitution Blvd City SARASOTA FL Zip Code 34231		
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 Catherine L. Tracy (NOTE: Registered Agent signature required when reinstating) DATE 1-15-05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	DPT CORBETT, MICHAEL R 2723 SHERIDAN DRIVE SARASOTA, FL 34239		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS WILLIAMS, ROBERT G 303 HIGHLAND AVENUE, #C BRADENTON BEACH, FL 34217		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-20-05 Daytime Phone # 941-924-3774		

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01152005 Chg-P CR2E034 (10/03)

4. FEI Number **65-1152861** Applied For ☐ Not Applicable ☒

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

7. Name and Address of New Registered Agent
 Name **CATHERINE L. TRACY**
 Street Address (P.O. Box Number is Not Acceptable)
2058 Constitution Blvd
 City **SARASOTA** FL Zip Code **34231**

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 SIGNATURE **Catherine L. Tracy** (NOTE: Registered Agent signature required when reinstating) DATE **1-15-05**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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