

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 08, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000000340

**1. Entity Name
BOCA EXTINGUISHER SERVICE, INC.**



**Principal Place of Business
796 NW 1ST AVE
BOCA RATON, FL 33432**

**Mailing Address
796 NW 1ST AVE
BOCA RATON, FL 33432**



01102004 No Chg-P CR2E034 (10/03)

**4. FEI Number
65-1155835**

**Applied For
Not Applicable**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LACHARITE, LORY
796 NW 1ST AVE
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

**000000082027
03/09/04-80010-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LACHARITE, MATTHEW 37 W PINETREE AVE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LACHARITE, LORY 37 W PINETREE AVE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a address, with all other like empowered.

SIGNATURE: *Matthew Lacharite*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-04/
Date Daytime Phone #