

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb. 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000010784

1. Entity Name
FIRE SAFING SERVICES. INC.



Principal Place of Business
**PO BOX 7894
JACKSONVILLE, FL 32238**

Mailing Address
**PO BOX 7894
JACKSONVILLE, FL 32238**



02112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0084532

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAGEDORN, JAMES A
7480 OLD MIDDLEBURG RD S
JACKSONVILLE, FL 32222**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
HAGEDORN, JAMES A
7480 OLD MIDDLEBURG RD
JACKSONVILLE, FL 32222**

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U00000636006
02/23/07-80087-022 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *James A Hagedorn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-07 904-753-3206
Date Daytime Phone #