

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000019139**  
 1. Entity Name  
**POLICE SUPPLY, INC.**



Principal Place of Business      Mailing Address  
**48 NIKKI CIRCLE**                      **48 NIKKI CIRCLE**  
**SANTA ROSA BCH, FL 32459**              **SANTA ROSA BCH, FL 32459**



02182008      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**01-0603853**                      Not Applicable

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

6. Name and Address of Current Registered Agent  
**PEARSON, JAMES E**  
**48 NIKKI CIRCLE**  
**SANTA ROSA BCH, FL 32459**

**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 \_\_\_\_\_      DATE \_\_\_\_\_  
Signature      of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!!**  
**After May 1, 2008**      **\$ \$150.00**  
**will be \$550.00**

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

U00000899726  
 04/28/08-80050-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEARSON, JAMES E
STREET ADDRESS	48 NIKKI CIRCLE
CITY-ST-ZIP	SANTA ROSA BCH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:** \_\_\_\_\_      **4.14.08**      Date      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR