

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 19, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000007661

1. Entity Name
FRONTLINE FIRE EQUIPMENT, INC.



Principal Place of Business

**4263 NE 36TH AVE.
OCALA, FL 34479**

Mailing Address

**2939 SW WILLISTON ROAD
GAINESVILLE, FL 32608**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1169402

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

**HODGE, JAMES R
2939 SW WILLISTON ROAD
GAINESVILLE, FL 32608**

**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**

**000000670618
03/27/07-80118-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HODGE, JAMES R
STREET ADDRESS 2939 SW WILLISTON RD.
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE V
NAME HODGE, BARBARA C
STREET ADDRESS 2939 SW WILLISTON RD.
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE S
NAME ROBBINS, TINA L
STREET ADDRESS 2939 SW WILLISTON RD.
CITY-ST-ZIP GAINESVILLE, FL 32608

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

Tina L. Robbins Tina L. Robbins 3/15/07