


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000013393	
1. Entity Name FIRE EQUIPMENT SERVICES OF ST. LUCIE, INC.	

Principal Place of Business 434 NORTH 7TH ST FT PIERCE, FL 34950	Mailing Address 434 NORTH 7TH ST FT PIERCE, FL 34950
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04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1676723	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	
FOLBRECHT, MELVIN JR 434 NORTH 7TH ST FT PIERCE, FL 34950	

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D,P FOLBRECHT, MELVIN JR 434 NORTH 7TH ST FT PIERCE, FL 34950	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D,VP FOLBRECHT, LUCY A 434 NORTH 7TH ST FORT PIERCE, FL 34950	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T,S FOLBRECHT, LUCY A 434 NORTH 7TH ST FOR PIERCE, FL 34950	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		

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05/13/06-80086-015 150.00

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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: <u><i>M. Folbrecht</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4-27-06</u> 772-461-6845 <small>Daytime Phone #</small>