

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 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



03132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1676723

Applied For  
Not Applicable

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

**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 D,P  
NAME FOLBRECHT, MELVIN JR  
STREET ADDRESS 434 NORTH 7TH ST  
CITY-ST-ZIP FT PIERCE, FL 34950

TITLE D,VP  
NAME FOLBRECHT, LUCY A  
STREET ADDRESS 434 NORTH 7TH ST  
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE T,S  
NAME FOLBRECHT, LUCY A  
STREET ADDRESS 434 NORTH 7TH ST  
CITY-ST-ZIP FOR PIERCE, FL 34950

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000728737  
05/08/07-80011-019 150.00

**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:

*L.A. Folbrecht* L.A. Folbrecht

4-23-07

772-  
461-6845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #