2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 31, 2008 08:00 A Secretary of State

DOCL	JMENT	- # P03	100001	12202
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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



03272008

No Chg-P

CR2E034 (11/05)

4. FEI Number 06-1676723

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

FOLBRECHT, MELVIN JR 434 NORTH 7TH ST FT PIERCE, FL 34950

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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, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000875096 04/11/08-80018-024 150.00

10. OFFICERS AND DIRECTORS DILE D.P NAME FOLBRECHT, MELVIN JR STREIT ADDRESS CITY-ST-2P FT PIERCE, FL 34950 TILE D.VP FOLBRECHT, LUCY A STREIT ADDRESS CITY-ST-2P FORT PIERCE, FL 34950 TILE T,S STREIT ADDRESS CITY-ST-2P FOR PIERCE, FL 34950 TILE NAME STREIT ADDRESS CITY-ST-2P FOR PIERCE, FL 34950 TILE NAME STREIT ADDRESS CITY-ST-2P TILE TILE T,S STREIT ADDRESS CITY-ST-2P TILE TILE NAME STREIT ADDRESS CITY-ST-2P TILE TILE NAME STREIT ADDRESS CITY-ST-2P TILE NAME STREIT ADDRESS CITY-ST-2P TILE NAME STREIT ADDRESS CITY-ST-2P			
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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

GRATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3-28-08

772-461-684

Daylime Phone #