

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057438

FILED
Aug 02, 2004
Secretary of State

Entity Name: EXTINGUISHER SERVICE, INC.

Current Principal Place of Business:

917 NE 2 ST #4
HALLANDALE BCH, FL 33009

New Principal Place of Business:

211 NE 8TH AVE
111
HALLANDALE BCH, FL 33009

Current Mailing Address:

917 NE 2 ST #4
HALLANDALE BCH, FL 33009

New Mailing Address:

211 NE 8TH AVE
111
HALLANDALE BCH, FL 33009

FEI Number: 90-0110751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, SCOTT
917 NE 2 ST #4
HALLANDALE BCH, FL 33009

Name and Address of New Registered Agent:

KNIGHT, SCOTT
211 NE 8TH AVE
111
HALLANDALE BCH, FL 33009

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.

SIGNATURE:

08/02/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KNIGHT, ETHEL W
Address: 917 NE 2 ST #4
City-St-Zip: HALLANDALE BCH, FL 33009

Title: DVT () Delete
Name: KNIGHT, SCOTT
Address: 917 NE 2 ST #4
City-St-Zip: HALLANDALE BCH, FL 33009

Title: S () Delete
Name: KNIGHT, ELINA A
Address: 917 NE 2 ST #4
City-St-Zip: HALLANDALE BCH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KNIGHT, ETHEL W
Address: 211 NE 8TH AVE. APT.111
City-St-Zip: HALLANDALE BCH, FL 33009

Title: DVT (X) Change () Addition
Name: KNIGHT, SCOTT
Address: 211 NE 8TH AVE. APT. 111
City-St-Zip: HALLANDALE BCH, FL 33009

Title: S (X) Change () Addition
Name: KNIGHT, ELINA A
Address: 211 NE 8TH AVE. APT 111
City-St-Zip: HALLANDALE BCH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT KNIGHT

DVT

08/02/2004

Electronic Signature of Signing Officer or Director

Date