

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

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DOCUMENT # P 04000039007



1. Entity Name

Authority Flood & Fire, Inc.

FILED

06 JAN -5 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

541 S. State Rd 7

Suite, Apt. #, etc.

3

3. Mailing Address

541 S. State Rd 7

Suite, Apt. #, etc.

3

REINSTATEMENT 05

City & State

Margate Fl

City & State

Margate Fl

4. FEI Number

56-2439892

Applied For

Not Applicable

Zip

33068

Country

U S A.

Zip

33068

Country

U S A

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kirk Kelly

Street Address (P.O. Box Number is Not Acceptable)

541 S. State Rd. 7

Suite 3

City

Margate

FL

Zip Code

33068

**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] Pres

(NOTE: Registered Agent signature required when reinstating)

12-29-05

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Kirk Kelly
541 S. State Rd 7 Suite 3
Margate Fl 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600064593866
01/26/06--01065--025 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Kirk Kelly
541 S. State Rd 7 Suite 3
Margate Fl 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Kirk Kelly
541 S. State Rd 7 Suite 3
Margate Fl 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-05

561-634-3000

Date

Daytime Phone #

0 2886

20fz

Authority Flood & Fire, Inc.
541 S. State Road 7, Suite 3
Margate, Fl. 33068

December 29, 2005


Division of Corporation
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Dear Sir/Madam:

Please be advised that we relocated our Office to the above address and as a result, we did not receive Renewal Form.

We would appreciate you renewing this Corporation. Thanks.

Yours sincerely


Kirk Kelly
President