2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000046002

Entity Name: PALM BAY FIRE EXTINGUISHER CO., INC.

FILED Feb 17, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	INWOOD DR RNE, FL 32901				
Current Mailing Address:			New Mailing Address:		
	INWOOD DR RNE, FL 32901				
FEI Number	r: 20-0814500	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cu	rrent Registered Agent:	Name and Address of	of New Registered Agent:	
2315 PEN	ND, LARRY INWOOD DR RNE, FL 32901	US			
	e named entity su e of Florida.	bmits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Age			ent	Date	
Election Ca	mpaign Financing 1	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D TOWNSEND, LAR 2315 PENNWOOI MELBOURNE, FL	RY D DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () D TOWNSEND, PAT 2315 PENNWOOI MELBOURNE, FL	RICIA D DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () D TOWNSEND, C J 2315 PENNWOOI MELBOURNE, FL	O DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LARRY TOWNSEND P 02/17/2009