

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000092306**

**1. Entity Name**

**ALL-PRO POLICE & FIRE SUPPLY, INC.**



**Principal Place of Business**

**11412 W SAMPLE RD  
CORAL SPRINGS, FL 33065**

**Mailing Address**

**11412 W SAMPLE RD  
CORAL SPRINGS, FL 33065**



05042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**20-1250321**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MCGILLOWAY, ROBERT  
11412 W SAMPLE RD  
CORAL SPRINGS, FL 33065**

**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  
Due by September 6, 2006**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

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

**10. OFFICERS AND DIRECTORS**

**TITLE D  
NAME MCGILLOWAY, ROBERT  
STREET ADDRESS 11412 W SAMPLE RD  
CITY-ST-ZIP CORAL SPRINGS, FL 33065**

**TITLE D  
NAME MCGILLOWAY, GLENDA  
STREET ADDRESS 11412 W SAMPLE RD  
CITY-ST-ZIP CORAL SPRINGS, FL 33065**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
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STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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05/20/06-80086-016 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/13/06 954 255 3511**  
Date Daytime Phone #