# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 19, 2007 8:00 am**
**Secretary of State**
04-19-2007 90209 034 ***158.75

DOCUMENT # P04000105448

1. Entity Name
CAFIRE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 519 PAULA DR<br>DUNEDIN FL 34698 | 519 PAULA DR<br>DUNDIN FL 34698<br>US |

1st MOORE CR2E034 (10/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | PO BOX 4520<br>Suite, Apt. #, etc. |
| City & State | City & State: Clearwater FL |
| Zip / Country | Zip: 33758 / Country: Pinellas |

4. FEI Number 06-1730194 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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

BLACKBURN, CONNIE A MS
1052 BASS BLVD
DUNEDIN FL 34698

**7. Name and Address of New Registered Agent**

Name: Connie A. Blackburn
Street Address (P.O. Box Number is Not Acceptable): 1112 Live Oak Ct
City: Clearwater FL Zip Code: 33756

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: Connie A Blackburn DATE: 3-31-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee Will Be $550.00**
**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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | DP<br>ALBRECHT, DEAN T<br>1052 BASS BLVD<br>DUNEDIN FL 34698 | ☐ Delete | PO BOX 4520<br>Clearwater FL 33758 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | DT<br>BLACKBURN, CONNIE A MS<br>1052 BASS BLVD<br>DUNEDIN FL 34698 | ☐ Delete | DT Connie A Blackburn<br>1112 Live Oak Ct<br>Clearwater FL 33756 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | DVP<br>BLACKBURN, ROBERT G MR.<br>1112 LIVE OAK CT<br>CLEARWATER FL 33756 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | DS<br>FAULHABER, MICHAEL G<br>PO BOX 7163<br>SEMINOLE FL 33775 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | SEC<br>Victor Walker<br>1416 83rd Ave N<br>St Petersburg FL | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | Dir<br>Gregg L. Blackburn<br>1112 Live Oak Ct<br>Clearwater FL 33756 | ☐ Change ☒ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Connie A Blackburn 3-31-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #