

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153501

Entity Name: ORMOND FIRE & SAFETY, INC.

FILED  
Jan 14, 2005  
Secretary of State

## Current Principal Place of Business:

5545 FAN PALM  
COCOA, FL 32927

## New Principal Place of Business:

739 SCALLOP DRIVE  
UNIT 59  
CAPE CANAVERAL, FL 32920

## Current Mailing Address:

5545 FAN PALM  
COCOA, FL 32927

## New Mailing Address:

739 SCALLOP DRIVE  
UNIT 59  
CAPE CANAVERAL, FL 32920

FEI Number: 20-1859162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPINA, TOM  
5545 FAN PALM  
COCOA, FL 32927 US

## Name and Address of New Registered Agent:

SPINA, TOM OWNER  
5545 FAN PALM  
COCOA, FL 32927 US

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: T HARRELL

01/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SPINA, TOM  
Address: 5545 FAN PALM  
City-St-Zip: COCOA, FL 32927

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: SPINA, TOM OWNER  
Address: 5545 FAN PALM  
City-St-Zip: COCOA, FL 32927

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: THOMAS SPINA

PRES

01/14/2005

Electronic Signature of Signing Officer or Director

Date