

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159605

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: FIRST CITY FIRE EQUIPMENT INC

## Current Principal Place of Business:

10 CHARLES STREET UNIT 3  
ST AUGUSTINE, FL 32084

## New Principal Place of Business:

## Current Mailing Address:

10 CHARLES STREET UNIT 3  
ST AUGUSTINE, FL 32084

## New Mailing Address:

FEI Number: 20-1929187

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREENLEAF, BENJAMIN  
358 VARELLA AVENUE  
ST AUGUSTINE, FL 32084 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: GREENLEAF, BENJAMIN W  
Address: 10 CHARLES STREET UNIT 3  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP ( ) Delete  
Name: KING, KENNETH  
Address: 8323 BORDEAU AVENUE NORTH  
City-St-Zip: ST AUGUSTINE, FL 32211

Title: SECR (X) Delete  
Name: ZARR, ALAN  
Address: 2825-K HILLTOP ROAD  
City-St-Zip: ST AUGUSTINE, FL 32086

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SECR (X) Change ( ) Addition  
Name: ZARR, ALAN  
Address: 2825-K HILLTOP ROAD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BENJAMIN GREENLEAF

PRES

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date