


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

01-12-2006 90190 016 ***150.00

66000922



| | | | | | |
|--|---|---|---|--|--|
| DOCUMENT # P05000001099 | | | |  | |
| 1. Entity Name FLORIDA STATE FIRE EQUIPMENT INC. | | | | | |
| Principal Place of Business 703 QUINTILIAN AVE. ORLANDO, FL 32809 | | | Mailing Address 703 QUINTILIAN AVE. ORLANDO, FL 32809 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-2091565 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| LINN, DIRK L 703 QUINTILIAN AVE. ORLANDO, FL 32809 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | State FL Zip Code | | |
| 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 _____ <small>Signature used for person name of registered agent and also if applicable. (NOTE: Registered Agent signature is required when changing)</small> DATE _____ | | | | | |
| FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | P DEANNA, LINN L 703 QUINTILIAN AVE. ORLANDO, FL 32809 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | VP LINN, DIRK L 703 QUINTILIAN AVE. ORLANDO, FL 32809 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 another like empowered. | | | | | |
| SIGNATURE: <u>Deanna Linn</u> | | | 11/8/06 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DATE | | |



ATTACHMENT
66000922

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2006

FLORIDA STATE FIRE EQUIPMENT INC.
703 QUINTILIAN AVE.
ORLANDO, FL 32809

Subject: **FLORIDA STATE FIRE EQUIPMENT INC.**

Reference Number: **P05000001099**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Completed
Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/AL

ANNUAL REPORTS SECTION