2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000046896

Address: City-St-Zip:

Title:

Name: Address:

City-St-Zip:

Entity Name: R & T FIRE PROTECTION, INC.

FILED Apr 04, 2007 Secretary of State

Littly Nai	ille. Kallı	RE PROTECTION, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
5485-12 LEE STREET LEHIGH, FL 33971				5485 LEE STREET SUITE 12 LEHIGH, FL 33971 US				
Current Mailing Address:				New Mailing Address:				
5485-12 LEE STREET LEHIGH, FL 33971				5485 LEE STREET SUITE 12 LEHIGH, FL 33971 US				
FEI Number:	: 20-2639141	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certific	ate of Status D	esired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
SUITE 100 FORT MYI The above	'ERSITY POIN) ERS, FL 3390		ourpose o	f changing it	ts registere	ed office or	registered ag	ent, or both,
SIGNATU								
		nic Signature of Registered Age	ent				Date	
Election Car	npaign Financin	g Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	P, D (JOHNSTON, R 5485-12 LEE S LEHIGH, FL 3	STREET		Title: Name: Address: City-St-Zip:	5485-12 LE	N, RÚSSELL	() Addition	
Title: Name: Address: City-St-Zip:	S, T (JOHNSTON, TA 5485-12 LEE S LEHIGH, FL 3	STREET		Title: Name: Address: City-St-Zip:	V,D MOHR, TER 5485-12 LE LEHIGH, FI	RRY L	() Addition	
Title: Name:	() Delete		Title: Name:	S JOHNSTON		(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

5485-12 LEE STREET

LEHIGH, FL 33971 US

MOHR, CAROLYNANN

5485-12 LEE STREET LEHIGH, FL 33971 US

() Change (X) Addition

SIGNATURE: TERRY L. MOHR V,D 04/04/2007

() Delete