

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P06000002649

1. Entity Name
FIRE EQUIPMENT SERVICES OF EAST COAST, INC.



Principal Place of Business
**434 NORTH SEVENTH STREET
FORT PIERCE, FL 34950 US**

Mailing Address
**434 NORTH SEVENTH STREET
FORT PIERCE, FL 34950 US**



03152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0767901

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FOLBRECHT, MELVIN T JR.
434 NORTH SEVENTH STREET
FORT PIERCE, FL 34950**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FOLBRECHT, MELVIN T JR.
434 NORTH SEVENTH STREET
FORT PIERCE, FL 34950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/T
FOLBRECHT, LUCY A
434 NORTH SEVENTH STREET
FORT PIERCE, FL 34950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KIMMEN, WILLIAM
434 NORTH SEVENTH STREET
FORT PIERCE, FL 34950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000728725
05/08/07-80011-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

William J Kimmen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07
Date

772-461-6845
Daytime Phone #