

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000034218

FILED
Mar 16, 2009
Secretary of State

Entity Name: FIDELIS FIRE PROTECTION INC

Current Principal Place of Business:

500 DORA DRIVE
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

500 DORA DRIVE
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 20-8659255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROHRET & ASSOCIATES
350 GULF BLVD
STE 1
INDIAN ROCKS BEACH, FL 33785 US

Name and Address of New Registered Agent:

LEASS, NAZIRE
500 DORA DRIVE
CLEARWATER, FL 33765 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: NAZIRE LEASS

03/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEASS, DOUGLAS R
Address: 500 DORA DRIVE
City-St-Zip: CLEARWATER, FL 33765 US

Title: S/T () Delete
Name: LEASS, NAZIRE
Address: 500 DORA DRIVE
City-St-Zip: CLEARWATER, FL 33765

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change () Addition
Name: LEASS, NAZIRE
Address: 500 DORA DRIVE
City-St-Zip: CLEARWATER, FL 33765 US

Title: VP/T (X) Change () Addition
Name: BOSTINTO, MATTHEW
Address: 1824 PRINCETON DRIVE
City-St-Zip: CLEARWATER, FL 33765

Title: D () Change (X) Addition
Name: LEASS, DOUGLAS R
Address: 500 DORA DRIVE
City-St-Zip: CLEARWATER, FL 33765

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: NAZIRE LEASS

P

03/16/2009

Electronic Signature of Signing Officer or Director

Date