

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000081514

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** BAY AREA EMERGENCY EQUIPMENT & LIGHTING, INC.

**Current Principal Place of Business:**

2501 49TH STREET, SOUTH  
GULFPORT, FL 33707

**New Principal Place of Business:**

2501 49TH ST. SO.  
GULFPORT, FL 33707

**Current Mailing Address:**

2501 49TH STREET, SOUTH  
GULFPORT, FL 33707

**New Mailing Address:**

2501 49TH ST. SO.  
GULFPORT, FL 33707

**FEI Number:** 32-0209232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PERRY, JEFFREY S  
2501 49TH STREET, SOUTH  
GULFPORT, FL 33707 US

**Name and Address of New Registered Agent:**

PERRY, JEFFREY S  
2501 49TH ST. SO.  
GULFPORT, FL 33707 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: JEFFREY S. PERRY

04/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: PERRY, JEFFREY S  
Address: 2501 49TH ST. SO.  
City-St-Zip: GULFPORT, FL 33707

Title: D  
Name: PERRY, CHRISTOPHER L  
Address: 2501 49TH ST. SO.  
City-St-Zip: GULFPORT, FL 33707

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY S. PERRY

PSTD

04/18/2012

Electronic Signature of Signing Officer or Director

Date