

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 17, 2006 08:00 AM  
Secretary of State



<b>DOCUMENT # P25828</b> 1. Entity Name <b>COLUMBUS FIRE AND SAFETY EQUIPMENT COMPANY, INC.</b>					
Principal Place of Business <b>3101 2ND AVENUE COLUMBUS GA 31904 US</b>			Mailing Address <b>3101 2ND AVENUE COLUMBUS GA 31904 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>58-2005349</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applied         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, DAVID W JR WOODLAND SHORES TOWN HOUSES 241 ELLIS ROAD #3 DESTIN FL 32550</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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				FL Zip Code	
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, JR., DAVID W.		NAME		
STREET ADDRESS	241 ELLIS ROAD #3		STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32550		CITY-ST-ZIP		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, TOMMY		NAME		
STREET ADDRESS	463 LEE ROAD 281		STREET ADDRESS		
CITY-ST-ZIP	SALEM AL 36874		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, JIMBO		NAME		
STREET ADDRESS	497 LEE ROAD 281		STREET ADDRESS		
CITY-ST-ZIP	SALEM AL 36874		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Thomas W Williams</u> <u>THOMAS W Williams</u> <u>1/24/06</u> <u>706-323-8010</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					