· 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000049980

1. Entity Name

THE FIRE EXTINGUISHER COMPANY, INC.



FILED Apr 19, 2007 08:00 Al Secretary of State

Principal Place of Business ,

Mailing Address

1232 ROSSMAN DR APOPKA, FL 32703 1232 ROSSMAN DR APOPKA, FL 32703



DO	NOT	WRITE	IN TH	iis s	PACE
----	-----	-------	-------	-------	------

04122007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3385019 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, ROBERT L 1232 ROSSMAN DR APOPKA, FL 32703

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
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		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST YOUNG, ROBERT L 1232 ROSSMAN DR APOPKA, FL 327036524				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	000000717081 04/30/07-80032-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		•			

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07

407-592-1353

Daytime Phone #