

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90085 047 \*\*\*150.00

**DOCUMENT # P97000010229**

1. Entity Name  
**CENTURY FIRE PROTECTION, INC.**



Principal Place of Business  
**600 1ST AVE N SUITE 302  
SAINT PETERSBURG, FL 33701**

Mailing Address  
**600 1ST AVE N SUITE 302  
SAINT PETERSBURG, FL 33701**

40054640



2. Principal Place of Business - No P.O. Box #  
**2253 Central Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**2253 Central Avenue**  
Suite, Apt. #, etc.

03232007 Chg-P CR2E034 (12/06)

City & State  
**St. Petersburg, FL**  
Zip  
**33713**

City & State  
**St. Petersburg, FL**  
Zip  
**33713**

4. FEI Number  
**59-3435007**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VILLARI, JOE  
4201 POINSETTIA DR.  
ST. PETE BEACH, FL 33706**

**7. Name and Address of New Registered Agent**

Name  
**Villari, Joe**  
Street Address (P.O. Box Number is Not Acceptable)  
**2253 Central Avenue**  
City  
**St. Petersburg** **FL** Zip Code  
**33713**

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 **Joe Villari** **4/4/07**  
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 **S** ☒ Delete  
NAME  
**VILLARI, MONICA**  
STREET ADDRESS  
**4201 POINSETTIA DR.**  
CITY-ST-ZIP  
**ST. PETE BEACH, FL 33706**

TITLE **P** ☐ Delete  
NAME  
**VILLARI, JOE**  
STREET ADDRESS  
**4201 POINSETTIA DR.**  
CITY-ST-ZIP  
**ST. PETE BEACH, FL 33706**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition  
NAME  
**Villari, Joe**  
STREET ADDRESS  
**2253 Central Avenue**  
CITY-ST-ZIP  
**St. Petersburg, FL 33713**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Joe Villari** **4/4/07** **727-322-5100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #