

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000048245

FILED
Jan 07, 2004
Secretary of State

Entity Name: ABC FIRE EQUIPMENT CORPORATION

Current Principal Place of Business:

5370 JAEGER ROAD
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

5370 JAEGER ROAD
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-3451741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, TODD
360 DOVER PLACE 1303
NAPLES, FL 34104

Name and Address of New Registered Agent:

JACOBS, TODD
2839 COACH HOUSE WAY
NAPLES, FL 34105

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: _____

Electronic Signature of Registered Agent

01/07/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: DENAE, DOLDE
Address: 5391 HICKORYWOOD DR
City-St-Zip: NAPLES, FL 34119

Title: SD () Delete
Name: DOLDE, DENAE
Address: 5391 HICKORYWOOD DR
City-St-Zip: NAPLES, FL 34119 US

Title: PD () Delete
Name: JACOBS, TODD
Address: 360 DOVER PLACE 1303
City-St-Zip: NAPLES, FL 34104

Title: TD () Delete
Name: JACOBS, DONALD
Address: 2355 ALEXANDER PALM DR
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: DENAE, DOLDE
Address: 3243 HORSE CARRIAGE WAY #9
City-St-Zip: NAPLES, FL 34105

Title: SD (X) Change () Addition
Name: DOLDE, DENAE
Address: 3243 HORSE CARRIAGE WAY #9
City-St-Zip: NAPLES, FL 34105 US

Title: PD (X) Change () Addition
Name: JACOBS, TODD
Address: 2839 COACH HOUSE WAY
City-St-Zip: NAPLES, FL 34105

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DENAE DOLDE

Electronic Signature of Signing Officer or Director

VP

01/07/2004

Date