

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000048245

FILED  
May 02, 2007  
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  
2839 COACH HOUSE WAY  
NAPLES, FL 34105 US

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

JACOBS, TODD  
2620 66TH STREET SW  
NAPLES, FL 34105 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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/02/2007

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: DENAE, DOLDE  
Address: 2843 COACH HOUSE WAY  
City-St-Zip: NAPLES, FL 34105

Title: SD ( ) Delete  
Name: DOLDE, DENAE  
Address: 2843 COACH HOUSE WAY  
City-St-Zip: NAPLES, FL 34105 US

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: PD (X) Change ( ) Addition  
Name: JACOBS, TODD  
Address: 2620 66TH STREET SW  
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 exemption stated 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 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

V

05/02/2007

Date