

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050238

Entity Name: FIREQUIP, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

4340 CAPE HAZE DR.
PLACIDA, FL 33946

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 958
BOCA GRANDE, FL 33921

New Mailing Address:

FEI Number: 56-2040523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRACKLIN, MARK H
4340 CAPE HAZE DR.
PLACIDA, FL 33946 US

Name and Address of New Registered Agent:

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

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: PD () Delete
Name: DEMAINE, JOHN C
Address: PO BOX 958
City-St-Zip: BOCA GRANDE, FL 33921

Title: MD () Delete
Name: SPRACKLIN, MARK H
Address: 4340 CAPE HAZE DR
City-St-Zip: PLACIDA, FL 33946

Title: MD () Delete
Name: SPRACKLIN, LOIS D
Address: 4340 CAPE HAZE DR.
City-St-Zip: PLACIDA, FL 33946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LOIS D. SPRACKLIN

MD

05/01/2008

Electronic Signature of Signing Officer or Director

Date