


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90185 017 ***150.00

DOCUMENT # P97000052725			
1. Entity Name LAKE COUNTY FIRE EQUIPMENT, INC.			
Principal Place of Business 10 EAST CHELSEY AVENUE EUSTIS FL 32736		Mailing Address 10 EAST CHELSEY AVENUE EUSTIS FL 32736	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 14942 TRAIL DR.	
City & State		City & State TAVARES FLA.	
Zip	Country	Zip	Country
32778		LAKE	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

40062810



1st MOORE CR2E034 (10/05)

4. FEI Number **59-3453420** Applied For
Not Applicable

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

**SILER, HARLAN D SR.
10 E CHELSEY AVE
EUSTIS FL 32736**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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

Signature, type 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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SILER, HARLAN D SR 10 EAST CHELSEY AVE EUSTIS FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARLAN D. SILER

4/7/06

Date

Daytime Phone #