

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000091796	
1. Entity Name SOUTHERN FIRESTOP INC.	
Principal Place of Business 818 SHRIVER CIR. LAKE MARY, FL 32746	Mailing Address 818 SHRIVER CIR. LAKE MARY, FL 32746
DO NOT WRITE IN THIS SPACE	



01162005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3543310	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LANGILLE, STEVEN W 818 SHRIVER CIR. LAKE MARY, FL 32746		DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGILLE, STEVEN W 818 SHRIVER CIR LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LANGILLE, NANCY E 818 SHRIVER CIR LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANGILLE, HEATHER L 818 SHRIVER CIR LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/08/05-80005-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 Nancy E Langille Nancy E Langille V.P. 4/4/05 407 467-1721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #