
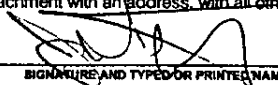


2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 FEB 26 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S32305					
1. Entity Name FLORIDA STATE FIRE & SECURITY, INC. /					
Principal Place of Business 3921 S.W. 47TH AVENUE SUITE 1004 DAVIE, FL 33314			Mailing Address 3921 S.W. 47TH AVENUE SUITE 1004 DAVIE, FL 33314		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02122007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 65-0247770	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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		Jeffrey D. Butterfield Assistant Secretary		DATE 2/26/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		600091009046 03/06/07--01009--009 **150.00
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/D	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLK, STEVE		NAME	John Sullivan	
STREET ADDRESS	5106 YELLOW PINE LANE		STREET ADDRESS	400 Main Street	
CITY-ST-ZIP	TAMARAC, FL 33319		CITY-ST-ZIP	Ashland, MA 01721	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Jon Martin	
STREET ADDRESS			STREET ADDRESS	9 Farm Springs Road	
CITY-ST-ZIP			CITY-ST-ZIP	Farmington, CT 06032	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Michael Lockhart	
STREET ADDRESS			STREET ADDRESS	400 Main Street	
CITY-ST-ZIP			CITY-ST-ZIP	Ashland, MA 01721	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Duane Andrews	
STREET ADDRESS			STREET ADDRESS	9 Farm Springs Road	
CITY-ST-ZIP			CITY-ST-ZIP	Farmington, CT 06032	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Brian Lindroth	
STREET ADDRESS			STREET ADDRESS	9 Farm Springs Road	
CITY-ST-ZIP			CITY-ST-ZIP	Farmington, CT 06032	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Jon P. Martin Secretary		2/19/07 860-284-3198	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	