

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 AUG 28 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S32305 1. Entity Name FLORIDA STATE FIRE & SECURITY, INC.	
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Principal Place of Business 3921 SW 47TH AVENUE SUITE 1004 DAVIE, FL 33314 US	Mailing Address 3921 SW 47TH AVENUE SUITE 1004 DAVIE, FL 33314 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07212008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0247770	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE	PD SULLIVAN, JOHN <input checked="" type="checkbox"/> Delete	TITLE	President Kenneth Sandifer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	400 MAIN STREET	NAME	9 Farm Springs Road
STREET ADDRESS	ASHLAND, MA 01721	STREET ADDRESS	Farmington, CT 06032
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S MARTIN, JON <input checked="" type="checkbox"/> Delete	TITLE	Secretary Diane Andrews <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9 FARM SPRINGS ROAD	NAME	9 Farm Springs Road
STREET ADDRESS	FARMINGTON, CT 06032	STREET ADDRESS	Farmington, CT 06032
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T LOCKHART, MICHAEL <input type="checkbox"/> Delete	TITLE	500135370685 09/04/08--01034--004 **550.00
NAME	400 MAIN STREET	NAME	
STREET ADDRESS	ASHLAND, MA 01721	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D ANDREWS, DIANE <input checked="" type="checkbox"/> Delete	TITLE	Director Scott Wine <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9 FARM SPRINGS ROAD	NAME	9 Farm Springs Road
STREET ADDRESS	FARMINGTON, CT 06032	STREET ADDRESS	Farmington, CT 06032
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D LINDROTH, BRIAN <input type="checkbox"/> Delete	TITLE	
NAME	9 FARM SPRINGS ROAD	NAME	
STREET ADDRESS	FARMINGTON, CT 06032	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Director Harold Folsom <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	9 Farm Springs Road
STREET ADDRESS		STREET ADDRESS	Farmington, CT 06032
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: Diane Andrews Diane Andrews 860-284-3055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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