


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # S64190 1. Entity Name BOBBS FIRE EQUIPMENT, INC.	
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Principal Place of Business 619 GARDEN ST TITUSVILLE, FL 32796 US	Mailing Address 619 GARDEN ST TITUSVILLE, FL 32796 US
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01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3072698	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

STANGER, JAMES
619 GARDEN ST
TITUSVILLE, FL 32796

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable Registered Agent signature required when reinstating

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	PTD STANGER, JAMES 619 GARDEN ST TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD SHAW, NANCY 3985 RICHY RD MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S SCOTT, APRIL 619 GARDEN ST TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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04/15/05-80088-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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 empowerments.

SIGNATURE:  4-13-05 321-264-2663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #