

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S64190

**FILED**  
**Apr 10, 2007**  
**Secretary of State**

**Entity Name:** BOBBS FIRE EQUIPMENT, INC.

**Current Principal Place of Business:**

619 GARDEN ST  
TITUSVILLE, FL 32796 US

**New Principal Place of Business:**

**Current Mailing Address:**

619 GARDEN ST  
TITUSVILLE, FL 32796 US

**New Mailing Address:**

**FEI Number:** 59-3072698      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STANGER, JAMES  
619 GARDEN ST  
TITUSVILLE, FL 32796 US

**Name and Address of New Registered Agent:**

STANGER, JAMES R  
619 GARDEN ST  
TITUSVILLE, FL 32796 US

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.

SIGNATURE: JAMES R STANGER

04/10/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: STANGER, JAMES  
Address: 619 GARDEN ST  
City-St-Zip: TITUSVILLE, FL 32796

Title: VSD ( ) Delete  
Name: SHAW, NANCY  
Address: 3985 RICHY RD  
City-St-Zip: MIMS, FL 32754

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: STANGER, JAMES R  
Address: 619 GARDEN ST  
City-St-Zip: TITUSVILLE, FL 32796

Title: VSD (X) Change ( ) Addition  
Name: SHAW, NANCY C  
Address: 3985 RICHY RD  
City-St-Zip: MIMS, FL 32754

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY C. SHAW

VSD

04/10/2007

Electronic Signature of Signing Officer or Director

Date