

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J29908

Entity Name: PIPER FIRE PROTECTION, INC.**Current Principal Place of Business:**13075 US HWY 19 N
CLEARWATER, FL 33764**Current Mailing Address:**13075 US HWY 19 N
CLEARWATER, FL 33764 US**FEI Number:** 59-2780461**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POOLE, ELLEN ESQ
13075 US HWY 19 N
CLEARWATER, FL 33764 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	JOHNSON, CHRIS
Address	13075 US HWY 19 N
City-State-Zip:	CLEARWATER FL 33764

Title	CEO
Name	JOHNSON, CHRIS
Address	13075 US HWY 19 N
City-State-Zip:	CLEARWATER FL 33764

Title	VPD
Name	O'LONE, DON
Address	13075 US HWY 19 N
City-State-Zip:	CLEARWATER FL 33764

Title	CFO
Name	O'LONE, DON
Address	13075 US HWY 19 N
City-State-Zip:	CLEARWATER FL 33764

Title	VP
Name	STOEFEN, MARK
Address	13075 US HWY 19 N
City-State-Zip:	CLEARWATER FL 33764

Title	COO
Name	STOEFEN, MARK
Address	13075 US HWY 19 N
City-State-Zip:	CLEARWATER FL 33764

Title	VPD
Name	JOHNSON, TERRY
Address	13075 US HWY 19 N
City-State-Zip:	CLEARWATER FL 33764

Title	S
Name	POOLE, ELLEN
Address	13075 US HWY 19 N
City-State-Zip:	CLEARWATER FL 33764

I hereby 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 all other like empowered.

SIGNATURE: DON O'LONE**VP****01/13/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date