## 2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001045

Entity Name: SUREFIRE MEDICAL, INC.

**Current Principal Place of Business:** 

6272 WEST 91ST AVENUE WESTMINISTER. CO 80031

**Current Mailing Address:** 

6272 WEST 91ST AVENUE WESTMINISTER, CO 80031 US

FEI Number: 27-0629393 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC. 155 OFFICE PLAZA DR TALLAHASSEE, FL 32301 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

FILED Apr 30, 2015

**Secretary of State** 

CC9734565533

## Officer/Director Detail:

Title	CEO/PRESIDENT	Title	CFO

Name CHOMAS, JAMES Name HOLBURN, ROBERT

Address 6272 WEST 91ST AVENUE Address 6272 WEST 91ST AVENUE

City-State-Zip: WESTMINISTER CO 80031 City-State-Zip: WESTMINISTER CO 80031

Title DIRECTOR, CHAIRMAN Title CONTROLLER Name WELDON, NORMAN KYLE, RILEY Name Address 6 OCEAN CLUB DRIVE Address 6272 WEST 91ST AVENUE AMELIA ISLAND FL 32034 City-State-Zip: City-State-Zip: WESTMINISTER CO 80031

TitleDIRECTORTitleDIRECTORNameCASSIDY, KARENNameLUPA, MARKAddress293 PEARL ST.Address831 PEARL ST.

City-State-Zip: BOULDER CO 80302 City-State-Zip: BOULDER CO 80302

Title DIRECTOR Title DIRECTOR Name CHOMAS, JIM GRAHAM, GINGER Name 555 HIGH STREET Address 885 ARAPAHOE AVE. Address City-State-Zip: DENVER CO 80218 BOULDER CO 80302 City-State-Zip:

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: RILEY KYLE CONTROLLER 04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date