2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706080

FILED Jan 07, 2005 Secretary of State

Entity Name: THE HIGHLAND CITY VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
PO BOX 21	BHOUSE ROAD 17 1 CITY, FL 338				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4104 CLUBHOUSE ROAD PO BOX 217 HIGHLAND CITY, FL 338460217					
FEI Number: 59-2254076 FEI Number Applied For () FEI Nu		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address of Co	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
LALONDE, WILLIAM 210 CAREY PLACE LAKELAND, FL 33803 US					
The above in the State		ubmits this statement for the pu	rpose of changing its register	ed office or registered agent, or both,	
SIGNATUR					
	Electroni	c Signature of Registered Ager	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GREEN, AL	Delete ILLS LOOP N #2504 33813	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () SHORT, DAWN 4417 LAUREL A' HIGHLAND CITY		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	PD () I BREWER, JAME 2230 PARKLAND LAKELAND, FL	LOOP SOUTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BENTON, PETE 5244 WATERWO BARTOW, FL 33		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () I LALONDE, WILL 210 CAREY PLA LAKELAND, FL	CE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM LALONDE TD 01/07/2005