


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 721420**  
1. Entity Name  
TRI-COUNTY VOLUNTEER FIRE DEPT., INC.



Principal Place of Business <b>FORBES ST. P. O. BOX 164 NOBLETON, FL 34661</b>	Mailing Address <b>FORBES ST. P. O. BOX 164 NOBLETON, FL 34661</b>
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**DO NOT WRITE IN THIS SPACE**



01222005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1692277</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent  
**CARLSON, FREDRICK S  
9116 CR 84705  
BUSHNELL, FL 33513**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000219989  
02/08/05-80048-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARP, ORVILLE 12934 FORBES ST NOBLETON, FL 34661
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELASCHMIT, ELAINE 8531 CR-638 BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNES, MARILYN 8480 CR-8478 BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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 817, 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 empowered.

**SIGNATURE:** Orville L Sharp **ORVILLE L SHARP** 3527994992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #