

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L43676
 1. Entity Name
SOUTHERN FIRE PROTECTION OF ORLANDO, INC.



Principal Place of Business 3801 EAST STATE ROAD 46 SANFORD, FL 32771-9155 US	Mailing Address 3801 EAST STATE 46 SANFORD, FL 32771-9155 US
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DO NOT WRITE IN THIS SPACE



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2983932	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 HOLLIS, LEONARD M.
 3801 EAST STATE ROAD 46
 SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLIS, LEONARD M. 3801 EAST STATE ROAD 46 SANFORD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALDWELL, ROBERT H., JR. 3801 EAST STATE ROAD 46 SANFORD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TACKETT, JACQUELINE 3801 EAST STATE ROAD 46 SANFORD, FL
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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)(i), 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 607, 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: Jacqueline Tackett Jacqueline Tackett 02/13/04 407/323-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #