2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2005 08:00 AM Secretary of State **DOCUMENT # L43676** SOUTHERN FIRE PROTECTION OF ORLANDO, INC. Principal Place of Business Mailing Address 3801 EAST STATE ROAD 46 3801 EAST STATE 46 SANFORD, FL 32771-9155 US SANFORD, FL 32771-9155 US 02242005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2983932 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HOLLIS, LEONARD M. DO NOT WRITE 3801 EAST STATE ROAD 46 SANFORD, FL 32771 IN THIS SPACE . 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HOLLIS, LEONARD M. NAME STREET ADDRESS 3801 EAST STATE ROAD 46 SANFORD, FL CRY-ST-ZIP 000000339070 04/28/05-80063-003 150.00 VD TITLE NAME CALDWELL, ROBERT H., JR. STREET ADDRESS 3801 EAST STATE ROAD 46 SANFORD, FL CITY-ST-7IP STD TACKETT, JACQUELINE NAME 3801 EAST STATE ROAD 46 STREET ADDRESS DO NOT WRITE SANFORD, FL CRTY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CTTY-57-ZIP TITLE

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: DO THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7/P

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407/323-4200

FILED