2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 AI
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

01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2983932 — Applied For / Not Applicable

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLLIS, LEONARD M.
STREET ADDRESS	3801 EAST STATE ROAD 46
CITY-ST-ZIP	SANFORD, FL
TITLE	VD
NAME	CALDWELL, ROBERT H., JR.
STREET ADDRESS	3801 EAST STATE ROAD 46
CITY-ST-ZIP	SANFORD, FL
TITLE	STD
NAME	TACKETT, JACQUELINE
STREET ADDRESS	3801 EAST STATE ROAD 46
CITY-ST-ZIP	SANFORD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000476963
04/06/06-80031-011 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 — 03/17/06 — 407/323-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jacqueline Tackett