

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004698

FILED
Apr 29, 2007
Secretary of State

Entity Name: INDEPENDANT FIRE AND RESCUE INC.

Current Principal Place of Business:

PO BOX 381
OXFORD, FL 34484

New Principal Place of Business:

2045 C.R. 204
OXFORD, FL 34484

Current Mailing Address:

PO BOX 381
OXFORD, FL 34484

New Mailing Address:

FEI Number: 59-3691159 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KUHNS, J.C.
2045 CR 204
OXFORD, FL 34484 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCH () Delete
Name: KUHNS, J.C.
Address: PO BOX 381
City-St-Zip: OXFORD, FL 34484

Title: D () Delete
Name: KUHNS, JOE
Address: PO BOX 381
City-St-Zip: OXFORD, FL 34484

Title: DEMENT () Delete
Name: THALGOTT, JAMES A
Address: PO BOX 426
City-St-Zip: OXFORD, FL 34484

Title: D () Delete
Name: PUMPHERY, PAUL
Address: 604 N OLD WIRE ROAD
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: EWAN, KENNETH
Address: 212 E MCCLENDON ST
City-St-Zip: LADY LAKE, FL 32159

Title: SL () Delete
Name: HELENE, MARCY C
Address: PO BOX 439
City-St-Zip: OXFORD, FL 34484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCH (X) Change () Addition
Name: KUHNS, J.C.
Address: 2045 C.R. 204
City-St-Zip: OXFORD, FL 34484

Title: D (X) Change () Addition
Name: KUHNS, JOE
Address: 2045 C. R. 204
City-St-Zip: OXFORD, FL 34484

Title: DEMENT (X) Change () Addition
Name: THALGOTT, JAMES A
Address: 12181 N 301
City-St-Zip: OXFORD, FL 34484

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SL (X) Change () Addition
Name: HELENE, MARCY C
Address: 2045 C.R. 204
City-St-Zip: OXFORD, FL 34484

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: J.C. KUHNS

DCH

04/29/2007

Electronic Signature of Signing Officer or Director

Date