## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 02, 2006 8:00 am Secretary of State

02-02-2006 90044 048 \*\*\*150.00

480 JOJ. 084

DOCUMENT # 228377  1. Entity Name RURAL/METRO CORPORATION OF FLORIDA								02-02-2006 90044 048 ***150.00					
Principal Place of Business 4728 OLD WINTER GARDEN RD ORLANDO, FL 32811			Mailing Address 9221 E VIA DE VENTURA SCOTTSDALE, AZ 85258 US					E 18 PO 18 40	<del></del>	<b>8180</b> hili 1881 <b>188</b> 1	<b>SIB</b> (1 <b>B</b> ( <b>B</b> (1 <b>B</b> (2	<b>F</b> 11 <b>B</b> 1 <b>B</b> 11 <b>B</b> 1 <b>B</b> 21 <b>B</b>	85 <b>8</b> 11 <b>8 8</b> 1 41 18 <b>8</b> 1
2. Principal P	lace of Busir	3. Mailing Address											
Suite, Apt. #, etc.			Suite, A			01122006	<b>;</b> (	Chg-P	CR2E	34 (11/05	<b>)</b>		
City & State			City & State					4. FEI Num 59-09		3		$\vdash$	Applied For Not Applicable
Zip		Country	Zip Coun			try	5. Certificate of Status Desired S8.75 Additional Fee Required					dditional red	
6. Name and Address of Current Registered Agent						Name		7. Name an	nd Addr	ess of New R	egistered .	Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD.						Street Address (P.O. Box Number is Not Acceptable)							
PLANTATION, FL 33324													
						City					FL	Zip Co	ode
	named entit ions of regis	ty submits this statement for tered agent.	the purpose	of changing its	s register	ed office or	register	ed agent, or b	ooth, in t	he State of Flo	orida. I am	familiar wit	h, and accept
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable	e. (NOT	E: Registere	d Agent signat	ore required	when reinstating)			DATE		<del></del> .
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$550.0	<b>I</b>	lection Campa rust Fund Con	-	ncing		.00 May Be ed to Fees					
10	OFFICERS AND DIRE			RECTORS 11.				ADDITION	S/CHAI	NGES TO OFF	CERS AND	DIRECTO	RS IN 11
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NAME STREET ADDRESS CITY-ST-ZIP	8401 E. II	NDIAN SCHOOL RD. DALE, AZ 85251			1	ET ADORESS - St-Zip				Vertura - 8525			
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STREET ADDRESS CITY-ST-ZIP	8401 E IN	LO, MICHAEL S IDIAN SCHOOL RD DALE, AZ 85251		NAMI STREI CITY-				E. Via d		ntura 3 8535	.v		
TITLE	AS			Delete	TITL	:		it i jejagi		2 000	<u> </u>	☐ Change	Addition
NAME CARCEL ADDRESS		WILLIAM S NDIAN SCHOOL RD.		•	NAM								
STREET ADDRESS CITY-ST-ZIP	1	DALE, AZ 85251				ET ADDRESS - ST - ZIP							
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CITY-ST-ZIP				m		- \$T-ZIP							
TITLE NAME				☐ Delete	TITL							Change	e
STREET ADDRESS CITY-ST-ZIP					STRE	ET ADDRESS - ST - ZIP				-i-			
indicated of the cor	on this reportion or t	ne information supplied with ort or supplemental report is the receiver or trustee empo achment with an address,	true and acc wered to exe	urate and that cute this repor	my signa t as requi	ture shall h	ave the	same legal eff	lect as it	f made under o	oath; that I	am an offic	er or director

SIGNATURE AND TYPED OR PRINTED MANAGER SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_