


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 28, 2006 08:00 A
Secretary of State

DOCUMENT # 704343 1. Entity Name MICCO VOLUNTEER FIRE DEPARTMENT INC	
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Principal Place of Business 301 BAREFOOT BLVD. SEBASTIAN FL 32976-7420	Mailing Address 301 BAREFOOT BLVD. SEBASTIAN FL 32976-7420
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

2nd MOORE CR2E037 (4/06)

6. Name and Address of Current Registered Agent SCHMIDT, ANDREW 8471 CHERISH DR. 1 SEBASTIAN FL 32976	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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4. FEI Number 59-2419082	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$31.25 Due By September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> Delete
NAME	SCHMIDT, ANDREW
STREET ADDRESS	8471 CHERISH DR.
CITY-ST-ZIP	SEBASTIAN FL 32976
TITLE	DC <input type="checkbox"/> Delete
NAME	FREGO, FRANK
STREET ADDRESS	916 THRUSH DR.
CITY-ST-ZIP	SEBASTIAN FL
TITLE	TD <input type="checkbox"/> Delete
NAME	BREMER, RICHARD
STREET ADDRESS	1018 SEBASTIAN RD
CITY-ST-ZIP	SEBASTIAN FL 32976
TITLE	D <input type="checkbox"/> Delete
NAME	RYSKAMP, RITA
STREET ADDRESS	441 PUFFIN DR.
CITY-ST-ZIP	MICCO FL
TITLE	ASC <input type="checkbox"/> Delete
NAME	KRINKE, ERNEST
STREET ADDRESS	5731 RIVER GROVE DR
CITY-ST-ZIP	MIOCO FL 32976
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000575405
STREET ADDRESS	08/28/06-80005-016 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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: Rita B. Ryskamp 8/24/06