


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90001 039 ****61.25

DOCUMENT # 706080 1. Entity Name THE HIGHLAND CITY VOLUNTEER FIRE DEPARTMENT, INC.	
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Principal Place of Business 4104 CLUBHOUSE ROAD PO BOX 217 HIGHLAND CITY, FL 33846-0217	Mailing Address 4104 CLUBHOUSE ROAD PO BOX 217 HIGHLAND CITY, FL 33846-0217
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2254076	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LALONDE, WILLIAM 210 CAREY PLACE LAKELAND, FL 33803
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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: William J. LaLonde DATE: 1/19/04

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREEN, AL CREWS LAKE HILLS LOOP N # (2504) LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHORT, DAWN 4417 LAUREL AVE SE HIGHLAND CITY, FL 33846
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BREWER, JAMES 2230 PARKLAND LOOP SOUTH LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTON, PETE 5244 WATERWOOD RUN BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LALONDE, WILLIAM 210 CAREY PLACE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: William J. LaLonde DATE: 1/19/04 DAYTIME PHONE: 863-687-4123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR