


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90052 015 ****61.25

DOCUMENT # 723558 1. Entity Name MAGNOLIA VALLEY VOLUNTEER FIREMEN, INC.					
Principal Place of Business 7800 MASS.AVENUE P. O. BOX 1625 NEW PORT RICHEY, FL 34656-1625 US				Mailing Address P O BOX 1625 NEW PORT RICHEY, FL 34656-1625 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-2719211				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURFORD, MICHAEL F PRES 6738 PARKSIDE DR. NEW PORT RICHEY, FL 34653				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURFORD, MICHAEL F P		NAME		
STREET ADDRESS	6738 PARKSIDE DR.		STREET ADDRESS		
CITY - ST - ZIP	NEW PT. RICHEY, FL		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOWNEY, FRANK		NAME		
STREET ADDRESS	7415 CAY DR		STREET ADDRESS		
CITY - ST - ZIP	PORT RICHEY, FL 34668		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSH, BEN		NAME		
STREET ADDRESS	7800 MASSACHUSETTS		STREET ADDRESS		
CITY - ST - ZIP	NEW PORT RICHEY, FL 34653		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BURFORD, SCOTT		NAME	D Jason Garlock	
STREET ADDRESS	9545 PAVER CT.		STREET ADDRESS	8136 Pen wood Dr.	
CITY - ST - ZIP	NEW PT RICHEY, FL 34654		CITY - ST - ZIP	Port Richey FL 34667	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARTMAN, JEFF		NAME	D Michael Shihadeh	
STREET ADDRESS	8602 SWEETBRIAR CT.		STREET ADDRESS	7251 Sharpsburg Blvd.	
CITY - ST - ZIP	NEW PORT RICHEY, FL 34655		CITY - ST - ZIP	New Port Richey FL 34653	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RANDAZZO, THOMAS		NAME	D Sean Carr	
STREET ADDRESS	332 PLUMTREE AVE.		STREET ADDRESS	7611 Mako Dr. Hudson FL 34667	
CITY - ST - ZIP	SPRINGHILL, FL 34606		CITY - ST - ZIP		
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: Ben Bush secretary <i>BB</i>			2/11/05 727-834-3488		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					