


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90250 037 \*\*\*\*61.25

<b>DOCUMENT # 757598</b> 1. Entity Name P.A.R.C.O. ARSON CO-OP OF FLORIDA, INC.					
Principal Place of Business P.O. BOX 2507 LARGO, FL 33779 US				Mailing Address P.O. BOX 2507 LARGO, FL 33779 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2099496</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STRONG, STEVE 1042 VIRGINIA STREET 727-298-3103 DUNEDIN, FL 34698				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLETCHER, JIM		NAME		
STREET ADDRESS	3007 AIT. 19 N.		STREET ADDRESS		
CITY - ST - ZIP	PALM HARBOR, FL 34683		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULLINS, ED		NAME		
STREET ADDRESS	11195 70TH AVE N		STREET ADDRESS		
CITY - ST - ZIP	SEMINOLE, FL 33772		CITY - ST - ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEMERER, RON		NAME		
STREET ADDRESS	4017 56TH AVE. N.		STREET ADDRESS		
CITY - ST - ZIP	LEALMAN, FL 33714		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRONG, STEVE		NAME		
STREET ADDRESS	1042 VIRGINIA STREET		STREET ADDRESS		
CITY - ST - ZIP	DUNEDIN, FL 34698		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ST CLAIR, RANDY		NAME		
STREET ADDRESS	6800 N DALE MABRY #228		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33614		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEBEL, JOHN		NAME		
STREET ADDRESS	645 PIERCE ST		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33752		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.					
<b>SIGNATURE:</b> <i>Ronald F. Kemmerer</i> <i>Ronald F. Kemmerer</i> <i>04/26/05</i> <i>727-526-5650</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					