

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2006 08:00 AM  
Secretary of State

|                                                                                |                                                                                   |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # 757598<br>1. Entity Name<br>P.A.R.C.O. ARSON CO-OP OF FLORIDA, INC. |  |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                    |                                                        |
|--------------------------------------------------------------------|--------------------------------------------------------|
| Principal Place of Business<br>P.O. BOX 2507<br>LARGO, FL 33779 US | Mailing Address<br>P.O. BOX 2507<br>LARGO, FL 33779 US |
|--------------------------------------------------------------------|--------------------------------------------------------|



02142006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>59-2099496                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>STRONG, STEVE<br>1042 VIRGINIA STREET<br>727-298-3103<br>DUNEDIN, FL 34698 |
|-----------------------------------------------------------------------------------------------------------------------------------|

**DO NOT WRITE 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|

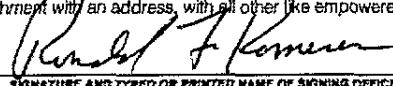
|                                             |                                                                                                                    |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Filing Fee is \$61.25<br>Due by May 1, 2006 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>FLETCHER, JIM<br>3007 AVE. 19 N.<br>PALM HARBOR, FL 34683    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MULLINS, ED<br>11195 70TH AVE N<br>SEMINOLE, FL 33772        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TS<br>KEMERER, RON<br>4017 56TH AVE. N.<br>LEALMAN, FL 33714      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STRONG, STEVE<br>1042 VIRGINIA STREET<br>DUNEDIN, FL 34698   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ST CLAIR, RANDY<br>6800 N DALE MABRY #228<br>TAMPA, FL 33614 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>DEBEL, JOHN<br>645 PIERCE ST<br>CLEARWATER, FL 33752        |

UD0000534749  
05/08/06-80023-018 61.25

**DO NOT WRITE IN THIS SPACE**

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:  | Date: 4/26/06 | Daytime Phone #: 727-526-5250 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>              |               |                               |

Ronald F. Kemmerer