# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # H56265**

1. Entity Name
ALACHUA FIRE EXTINGUISHER COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 2939 S.W. WILLISTON RD.<br>GAINESVILLE, FL 32608 | 2939 S.W. WILLISTON RD.<br>GAINESVILLE, FL 32608 |

## DO NOT WRITE IN THIS SPACE

01142005     No Chg-P     CR2E034 (10/03)

| 4. FEI Number<br>59-2530924 | Applied For |
|---|---|
| | Not Applicable |

5. Certificate of Status Desired ☐     **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

HODGE, JAMES R
2939 SW WILLISTON RD
GAINESVILLE, FL  32608

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution ☐     **$5.00** May Be Added to Fees

**10.     OFFICERS AND DIRECTORS**

| TITLE | P |
|---|---|
| NAME | HODGE, JAMES R. |
| STREET ADDRESS | 2939 S.W. WILLISTON RD. |
| CITY-ST-ZIP | GAINESVILLE, FL |

| TITLE | VP |
|---|---|
| NAME | HODGE, BARBARA C. |
| STREET ADDRESS | 2939 S.W. WILLISTON RD |
| CITY-ST-ZIP | GAINESVILLE, FL |

| TITLE | ST |
|---|---|
| NAME | ROBBINS, TINA L |
| STREET ADDRESS | 2939 S.W. WILLISTON RD |
| CITY-ST-ZIP | GAINESVILLE, FL |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

IIN000004531
01/31/05-80009-004  150.00

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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 607, 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 *Barbara C. Hodge*  BARBARA C. Hodge  01·14·05  352·377·3473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #