

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L43676

1. Entity Name
SOUTHERN FIRE PROTECTION OF ORLANDO, INC.



Principal Place of Business
**3801 EAST STATE ROAD 46
SANFORD, FL 32771-9155 US**

Mailing Address
**3801 EAST STATE 46
SANFORD, FL 32771-9155 US**



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2983932	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

**HOLLIS, LEONARD M.
3801 EAST STATE ROAD 46
SANFORD, FL 32771**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

02/20/08-80055-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLLIS, LEONARD M.
STREET ADDRESS	3801 EAST STATE ROAD 46
CITY-ST-ZIP	SANFORD, FL
TITLE	VD
NAME	CALDWELL, ROBERT H., JR.
STREET ADDRESS	3801 EAST STATE ROAD 46
CITY-ST-ZIP	SANFORD, FL
TITLE	STD
NAME	TACKETT, JACQUELINE
STREET ADDRESS	3801 EAST STATE ROAD 46
CITY-ST-ZIP	SANFORD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 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: _____

Jacqueline Tackett
JACQUELINE TACKETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/08

Date

407/323-4200

Daytime Phone