

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004698

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: INDEPENDANT FIRE AND RESCUE INC.

## Current Principal Place of Business:

PO BOX 381  
OXFORD, FL 34484

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 381  
OXFORD, FL 34484

## New Mailing Address:

FEI Number: 59-3691159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KUHNS, J.C.  
2045 CR 204  
OXFORD, FL 34484 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DCH ( ) Delete  
Name: KUHNS, J.C.  
Address: PO BOX 381  
City-St-Zip: OXFORD, FL 34484

Title: D ( ) Delete  
Name: KUHNS, JOE  
Address: PO BOX 381  
City-St-Zip: OXFORD, FL 34484

Title: DEMENT ( ) Delete  
Name: THALGOTT, JAMES A  
Address: PO BOX 426  
City-St-Zip: OXFORD, FL 34484

Title: D ( ) Delete  
Name: PUMPHERY, PAUL  
Address: 604 N OLD WIRE ROAD  
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete  
Name: EWAN, KENNETH  
Address: 212 E MCCLENDON ST  
City-St-Zip: LADY LAKE, FL 32159

Title: SL ( ) Delete  
Name: HELENE, MARCY C  
Address: PO BOX 439  
City-St-Zip: OXFORD, FL 34484

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.C. KUHNS

DCH

01/06/2004

Electronic Signature of Signing Officer or Director

Date