

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006967

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: FLOROSA FIREFIGHTERS, INC.

## Current Principal Place of Business:

1900 HWY 98 WEST  
MARY ESTHER, FL 32569

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 202  
MARY ESTHER, FL 32569

## New Mailing Address:

FEI Number: 65-1242676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DAY, GEORGE E  
32 BEAL PARKWAY SW  
FT WALTON BEACH, FL 32548 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: D ( ) Delete  
Name: PEELE, THOMAS S  
Address: 604 PINE CONE CT  
City-St-Zip: MARY ESTHER, FL 32569

Title: D ( ) Delete  
Name: KING, EDWARD P  
Address: 502 CHANNEL MARKER STREET #10  
City-St-Zip: MARY ESTHER, FL 32569

Title: D ( ) Delete  
Name: PALOCY, CHARLES  
Address: 10 STOW ROAD  
City-St-Zip: MARY ESTHER, FL 32569

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: KING, EDWARD P  
Address: 55 STOWE RD  
City-St-Zip: MARY ESTHER, FL 32569

Title: D (X) Change ( ) Addition  
Name: PALOCY, CHARLES J 111  
Address: 471 SANDY RIDGE CI  
City-St-Zip: MARY ESTHER, FL 32569

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: THOMAS S PEELE

D

04/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date