


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000007162</b> 1. Entity Name INDIAN HILL VOLUNTEER FIRE DEPT. INC.	
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Principal Place of Business 3890 INDIAN HILLS DR. SW MOORE HAVEN, FL 33471	Mailing Address 3890 INDIAN HILLS DR. SW MOORE HAVEN, FL 33471
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DO NOT WRITE IN THIS SPACE



02142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 80-0109077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  CONSTABLE, SUSAN 8115 INDIAN MOUNDS RD. SW MOORE HAVEN, FL 33471
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONSTABLE, RICKY 8115 INDIAN MOUND RD. SW MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGUESPACK, RANDY CENTER DR. MOORE HAVEN, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CONSTABLE, SUSAN 8115 INDIAN MOUND RD. SW MOORE HAVEN, FL 33471
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04/10/07-80032-021 61.25

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.

<b>SIGNATURE:</b> <i>Musan Constable</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3-27-2007 <small>Date</small>	863-983-6490 <small>Daytime Phone #</small>
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