

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008618

FILED
Jul 07, 2005
Secretary of State

Entity Name: PROFESSIONAL FIREFIGHTERS OF MARATHON, INC.

Current Principal Place of Business:

P O BOX 14-4433
CORAL GABLES, FL 33114

New Principal Place of Business:

P O BOX 500676
MARATHON, FL 33050

Current Mailing Address:

P O BOX 14-4433
CORAL GABLES, FL 33114

New Mailing Address:

P O BOX 500676
MARATHON, FL 33050

FEI Number: 34-2011430 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ABAD, ROBERT
6481 SW 36 ST
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

FORCINE, JOSEPH
43 JEWFISH AVENUE
KEY LARGO, FL 33037 US

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: JOSEPH O. FORCINE

07/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALMQUIST, JIM
Address: P O BOX 5012363
City-St-Zip: MARATHONBLES, FL 33050

Title: S () Delete
Name: ABAD, ROBERT
Address: P O BOX 14-4433
City-St-Zip: CORAL GABLES, FL 33114

Title: T () Delete
Name: BACHMANN, BEN
Address: P O BOX 52275
City-St-Zip: MARATHON, FL 33050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MALMQUIST, JIM
Address: P O BOX 500676
City-St-Zip: MARATHON, FL 33050

Title: S,T (X) Change () Addition
Name: ABAD, ROBERT
Address: P O BOX 500676
City-St-Zip: MARATHON, FL 33050

Title: P (X) Change () Addition
Name: FORCINE, JOSEPH
Address: P O BOX 500676
City-St-Zip: MARATHON, FL 33050

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: ROBERT ABAD

S,T

07/07/2005

Electronic Signature of Signing Officer or Director

Date