2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N42710

FIRE SERVICE STEERING COMMITTEE OF COLLIER COUNTY, FLORIDA, INC.



FILED Apr 25, 2005 08:00 AM Secretary of State

Principal Place of Business 4798 DAVIS BLVD. NAPLES, FL 33942

Mailing Address 4798 DAVIS BLVD. NAPLES, FL 33942



DO NOT WRITE IN THIS SPACE

CR2E037 (10/03) 04042005 No Chg-NP Applied For 4. FEI Number 65-0260235 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent			
CANNON, THOMAS G. 4798 DAVIS BLVD. NAPLES, FL 33942	DO NOT WRITE IN THIS SPACE		
	IN THE STACE		

8. The above the obligat	named entity submits this statement for the lons of registered agent.	purpose of changing its registered office of	r registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE				
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCMAHON, CHUCK 4741 GOLDEN GATE PKWY DAYTONA BEACH, FL 32116			U00000328743 04/25/05-80088-014 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECKHARDT, GEORGE 13240 EMMOKALEE NAPLES, FL 34120			04/25/05-80088-014 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CANNON, THOMAS G. 4798 DAVIS BLVD. NAPLES, FL		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			11: 0 - 11: 41 <u>6</u> C=10	NO Florida Statutas I further certify that the information

I hereby certify that the Information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer of irrector 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.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

<u>4-21-05</u> Date

235-274-370

Daytime Phone #