

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000078573

1. Entity Name
WILLISTON CROSSINGS VOLUNTEER FIRE
DEPARTMENT CO.



Principal Place of Business
549 2ND ST
WILLISTON, FL 32696

Mailing Address
C/O BILL MARTIN
P.O. BOX 607755
ORLANDO, FL 32860

DO NOT WRITE IN THIS SPACE

**FILED
May 03, 2005 8:00 am
Secretary of State**

05-03-2005 90075 043 ***150.00

40078058



03252005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

MARTIN, BILL
2258 APOPKA BLVD.
APOPKA, FL 32703

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IN THIS SPACE**

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 Denise Martin

April 5, 2005

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MARTIN, DANIEL
STREET ADDRESS P.O. BOX 1025
CITY-ST-ZIP WILLISTON, FL 32696

TITLE VP
NAME MARTIN, BILL
STREET ADDRESS P.O. BOX 607755
CITY-ST-ZIP ORLANDO, FL 32860

TITLE P
NAME Denise Martin
STREET ADDRESS P.O. Box 1025
CITY-ST-ZIP Williston, FL 32696

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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: Daniel Martin VP April 5, 2005 352-528-3112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #