


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

05-03-2005 90075 043 \*\*\*150.00

<b>DOCUMENT # P03000078573</b> 1. Entity Name <b>WILLISTON CROSSINGS VOLUNTEER FIRE DEPARTMENT CO.</b>	
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Principal Place of Business <b>549 2ND ST WILLISTON, FL 32696</b>	Mailing Address <b>C/O BILL MARTIN P.O. BOX 607755 ORLANDO, FL 32860</b>
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**40078058**



03252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

<b>6. Name and Address of Current Registered Agent</b>  <b>MARTIN, BILL 2258 APOPKA BLVD. APOPKA, FL 32703</b>
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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 <b>Denise Martin</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>April 5, 2005</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MARTIN, DANIEL P.O. BOX 1025 WILLISTON, FL 32696</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MARTIN, BILL P.O. BOX 607755 ORLANDO, FL 32860</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Denise Martin P P.O. Box 1025 Williston, FL 32696</b>
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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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.	
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<b>SIGNATURE:</b>  <b>Daneil Martin VP</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>April 5, 2005</b> <small>Date</small>	<b>352-528-3112</b> <small>Daytime Phone #</small>
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