

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078573

FILED  
Apr 21, 2006  
Secretary of State

**Entity Name:** WILLISTON CROSSINGS VOLUNTEER FIRE DEPARTMENT CO.

**Current Principal Place of Business:**

549 2ND ST  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTIN, BILL  
2258 APOPKA BLVD.  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MARTIN, DANIEL  
Address: P.O. BOX 1025  
City-St-Zip: WILLISTON, FL 32696

Title: VP ( ) Delete  
Name: MARTIN, BILL  
Address: P.O. BOX 607755  
City-St-Zip: ORLANDO, FL 32860

Title: P (X) Delete  
Name: MARTIN, DENISE  
Address: PO BOX 1025  
City-St-Zip: WILLISTON, FL 32696

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MARTIN, DENISE  
Address: P.O. BOX 1025  
City-St-Zip: WILLISTON, FL 32696

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE MARTIN

P

04/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date