

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000092073

FILED
Apr 26, 2007
Secretary of State

Entity Name: FIRST RESPONSE OF CENTRAL FLORIDA INC

Current Principal Place of Business:

569 SERENITY PLACE
LAKE MARY, FL 32746

New Principal Place of Business:

1685 TIMOCUAN WAY
SUITE 101
LONGWOOD, FL 32750

Current Mailing Address:

569 SERENITY PLACE
LAKE MARY, FL 32746

New Mailing Address:

1685 TIMOCUAN WAY
SUITE 101
LONGWOOD, FL 32750

FEI Number: 20-5193171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINN, WILLIAM F
569 SERENITY PLACE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

QUINN, WILLIAM F
1685 TIMOCUAN WAY
SUITE 101
LONGWOOD, FL 32750 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: WILLIAM F. QUINN

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QUINN, WILLIAM F
Address: 569 SERENITY PLACE
City-St-Zip: LAKE MARY, FL 32746

Title: VP () Delete
Name: QUINN, DANNIE L
Address: 569 SERENITY PLACE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: QUINN, WILLIAM F
Address: 1685 TIMOCUAN WAY
City-St-Zip: LONGWOOD, FL 32750

Title: VP (X) Change () Addition
Name: QUINN, DANNIE L
Address: 1685 TIMOCUAN WAY
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM F. QUINN

PRES

04/26/2007

Electronic Signature of Signing Officer or Director

Date