
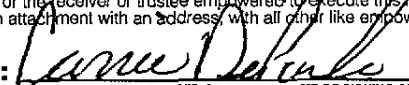


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000041959</b>		
1. Entity Name <b>COUNTY FIRE COMPANY</b>		
Principal Place of Business <b>10719 WIKEL LANE CLERMONT, FL 34711</b>	Mailing Address <b>10719 WIKEL LANE CLERMONT, FL 34711</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
02012004 No Chg-P CR2E034 (10/03)		
4. FEI Number <b>59-3323365</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>DIPAULA, GEORGE 10719 WIKEL LANE CLERMONT, FL 34711</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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
10. OFFICERS AND DIRECTORS		DATE <b>04/14/04-80049-009 150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DIPAULA, GEORGE 10719 WIKEL LANE CLERMONT, FL 34711</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DIPAULA, CARRIE 10719 WIKEL LANE CLERMONT, FL 34711</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		<b>4/19/04 352-242-2644</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #