

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000041959

1. Entity Name  
COUNTY FIRE COMPANY



Principal Place of Business  
7438 COUNTY RD 561  
CLERMONT, FL 34714

Mailing Address  
7438 COUNTY RD 561  
CLERMONT, FL 34714

**DO NOT WRITE IN THIS SPACE**

**FILED  
May 02, 2008 8:00 am  
Secretary of State**

05-02-2008 90161 012 \*\*\*150.00



03162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3323365	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

DIPAULA, GEORGE  
7438 C.R. 561  
CLERMONT, FL 34711

**DO NOT WRITE  
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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME DIPAULA, GEORGE  
STREET ADDRESS 7438 CR 561  
CITY-ST-ZIP CLERMONT, FL 34714

TITLE D  
NAME DIPAULA, CARRIE  
STREET ADDRESS 7438 CR 561  
CITY-ST-ZIP CLERMONT, FL 34714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *George D. Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DO NOT WRITE  
IN THIS SPACE**

4128108 352-212-2644  
Date:  Daytime Phone #