

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000088779**

1. Entity Name  
**SOUTHERN FIRE SUPPRESSION, INC.**



Principal Place of Business  
**3801 E. STATE ROAD 46  
SANFORD, FL 32771**

Mailing Address  
**3801 E. STATE ROAD 46  
SANFORD, FL 32771**



02242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3553907</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**

**HOLLIS, LEONARD M  
3801 E. STATE ROAD 46  
SANFORD, FL 32771**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HOLLIS, LEONARD M
STREET ADDRESS	3801 E. STATE ROAD 46
CITY - ST - ZIP	SANFORD, FL 32771

TITLE	V
NAME	MURPHY, TIMOTHY P
STREET ADDRESS	3801 E. STATE RD. 46
CITY - ST - ZIP	SANFORD, FL 327119155

TITLE	V
NAME	CALDWELL, ROBERT H JR.
STREET ADDRESS	3801 E. STATE ROAD 46
CITY - ST - ZIP	SANFORD, FL 327119155

TITLE	ST
NAME	TACKETT, JACQUELINE P
STREET ADDRESS	3801 E. STATE RD. 46
CITY - ST - ZIP	SANFORD, FL 327719155

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

04/15/05-60072-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:**

*Jacqueline Tackett*

Jacqueline Tackett

04/12/05

407/320-1990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #