

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003285

FILED  
Mar 14, 2006  
Secretary of State

Entity Name: FIRE MOUNTAIN RESTAURANTS, INC.

**Current Principal Place of Business:**

405 LANCASTER AVENUE  
GREER, SC 29650

**New Principal Place of Business:**

**Current Mailing Address:**

405 LANCASTER AVENUE  
GREER, SC 29650

**New Mailing Address:**

FEI Number: 57-0968003      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATIO, FL 33324 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: PD ( ) Delete  
Name: WAY, CHARLES D  
Address: 405 LANCASTER AVENUE  
City-St-Zip: GREER, SC 29650

Title: V ( ) Delete  
Name: KIRK, RICK  
Address: 405 LANCASTER AVENUE  
City-St-Zip: GREER, SC 29650

Title: S ( ) Delete  
Name: GLEITZ, JANET J  
Address: 405 LANCASTER AVENUE  
City-St-Zip: GREER, SC 29650

Title: TD ( ) Delete  
Name: GRANT, FRED T JR  
Address: 405 LANCASTER AVENUE  
City-St-Zip: GREER, SC 29650

Title: D ( ) Delete  
Name: MCCRAINE, G EDWIN  
Address: 405 LANCASTER AVE  
City-St-Zip: GREER, SC

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

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

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

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

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: FRED T GRANT JR

TD

03/14/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date