


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000020563
 1. Entity Name
SUNFIRE PROPERTY SERVICES, INC.



Principal Place of Business: **6050 BAHIA DEL MAR CIRCLE #216 ST PETERSBURG, FL 33715**
 Mailing Address: **6050 BAHIA DEL MAR CIRCLE #216 ST PETERSBURG, FL 33715**



DO NOT WRITE IN THIS SPACE

01122005 No Chg-P CR2E034 (10/03)

4. FEI Number: **59-3701840**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NEWMAN, KEITH
3535 FIRST AVE NORTH
ST PETERSBURG, FL 33713

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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) 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	D
NAME	WEBBER, MAXWELL R
STREET ADDRESS	6050 BAHIA DEL MAR CIRCLE #216
CITY-ST-ZIP	ST PETERSBURG, FL 33715
TITLE	D
NAME	WEBBER, EVELYN L
STREET ADDRESS	6050 BAHIA DEL MAR CIRCLE #216
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Evelyn L. Webber 2/17/05 727-906-0419
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #