


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F18545 1. Entity Name FANS & STOVES OF JACKSONVILLE, INC.	
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Principal Place of Business 1059 PARK ST JACKSONVILLE, FL 32204	Mailing Address 1059 PARK ST JACKSONVILLE, FL 32204
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01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2110027	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARFIELD, CYNTHIA 1059 PARK ST JACKSONVILLE, FL 32204

**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  DATE _____
Signature, type or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARFIELD, CYNTHIA 1059 PARK ST JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARKS, MELLISA 1059 PARK ST JACKSONVILLE, FL 32204
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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 507, 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:  1/19/04 904-354-3768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #