

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F30772

Entity Name: FIRESIDE HOMES, INC.

FILED  
Apr 08, 2004  
Secretary of State

**Current Principal Place of Business:**

1931 LEGION DR  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1931 LEGION DR  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 59-2082157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PINDER, JOHN H., V  
1931 LEGION DR.  
WINTER PARK, FL 32789 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: DPS ( ) Delete  
Name: PINDER, JOHN H, V,  
Address: 1931 LEGION DRIVE  
City-St-Zip: WINTER PARK, FL

Title: ST ( ) Delete  
Name: STANFORD, JERRY  
Address: 1803 CROWN WAY  
City-St-Zip: ORLANDO, FL

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

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 Section 119.07(3)(i), 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: PINDER JOHN H., V

DPS

04/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date