

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G96115

FILED
Jan 25, 2006
Secretary of State

Entity Name: THE GRATE FIREPLACE & STONE SHOPPE, INC.

Current Principal Place of Business:

16611 SOUTH TAMiami TRAIL
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16611 SOUTH TAMiami TRAIL
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 59-2390106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STASKO, WILLIAM J.
16611 SOUTH TAMiami TRAIL
FT. MYERS, FL 33908 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: STASKO, WILLIAM J.,
Address: 17576 TAYLOR DRIVE, S.W.
City-St-Zip: FT. MYERS, FL 33908

Title: SD () Delete
Name: STASKO, HELYN R.,
Address: 17576 TAYLOR DRIVE, S.W.
City-St-Zip: FT. MYERS, FL 33908

Title: T () Delete
Name: KEY, DIANE M
Address: 17584 TAYLOR DR SW
City-St-Zip: FORT MYERS, FL 33908

Title: VP () Delete
Name: STASKO, SUSAN M
Address: 6300 SUGAR BUSH LANE, UNIT #D
City-St-Zip: FORT MYERS, FL 33908

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:

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: DIANE M KEY

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01/25/2006

Electronic Signature of Signing Officer or Director

Date