

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # H02485	
1. Entity Name FIRESIDE DISTRIBUTORS, INC. OF PALM BEACH COUNTY	

Principal Place of Business 1121 SILVER BEACH ROAD LAKE PARK, FL 33403	Mailing Address P.O. BOX 530667 LAKE PARK, FL 33403
--	---

DO NOT WRITE IN THIS SPACE



02102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2287542	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MEYERS, LYN 1121 SILVER BEACH ROAD LAKE PARK, FL 33403
--

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.

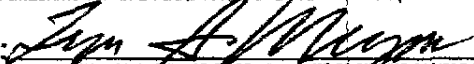
SIGNATURE _____	DATE _____
-----------------	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1100000429531 02/22/06-80014-011 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D MEYERS, LYN 1121 SILVER BEACH ROAD LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY ST ZIP	P MEYERS, LYN JR 1121 SILVER BEACH RD LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY ST ZIP	VP MEYERS, WANDA 1121 SILVER BEACH RD LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY ST ZIP	S GAMBLE, MISTY 1121 SILVER BEACH RD LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY ST ZIP	
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 exemptions contained 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 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
---	---