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

02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 ______________________ 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

H00000429591
02/22/06-80014-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MEYERS, LYN
STREET ADDRESS	1121 SILVER BEACH ROAD
CITY ST ZIP	LAKE PARK, FL 33403
TITLE	P
NAME	MEYERS, LYN JR
STREET ADDRESS	1121 SILVER BEACH RD
CITY ST ZIP	LAKE PARK, FL 33403
TITLE	VP
NAME	MEYERS, WANDA
STREET ADDRESS	1121 SILVER BEACH RD
CITY ST ZIP	LAKE PARK, FL 33403
TITLE	S
NAME	GAMBLE, MISTY
STREET ADDRESS	1121 SILVER BEACH RD
CITY ST ZIP	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: Lyn H Meyers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #