

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 A
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**



01152007 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 <input type="checkbox"/>	\$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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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	

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**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 S. Meyers, Director 1-17-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 844-9832