


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # H02485 1. Entity Name FIRESIDE DISTRIBUTORS, INC. OF PALM BEACH COUNTY	
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Principal Place of Business 1121 SILVER BEACH ROAD LAKE PARK, FL 33403	Mailing Address P.O. BOX 530667 LAKE PARK, FL 33403
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01032008 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>000000828328 02/25/08-80007-022 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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		

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: 	2-12-08 561-844-9832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	Daytime Phone #