


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90038 009 \*\*\*150.00

**DOCUMENT # J64940**  
 1. Entity Name  
 CITRUS FIREPLACES, INC.



Principal Place of Business      Mailing Address  
 % EMMETT F. DONNELLY  
 6468 S. TEXPOINT  
 HOMOSASSA, FL 34448      % EMMETT F. DONNELLY  
 6468 S. TEXPOINT  
 HOMOSASSA, FL 34448

11000076



2. Principal Place of Business      3. Mailing Address  
 7362 W. INDUSTRIAL LANE      7362 W. INDUSTRIAL LANE  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01272004      Chg-P      CR2E034 (10/03)

City & State      City & State  
 HOMOSASSA FL      HOMOSASSA FL  
 Zip      Country      Zip      Country  
 34448           34448           \$8.75 Additional Fee Required

4. FEI Number      Applied For  
 59-2802559      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DONNELLY, EMMETT F.  
 2 JUNGLEPLUM CT E  
 HOMOSASSA, FL 34446

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 6 BIRCHTREE ST  
 City      State      Zip Code  
 HOMOSASSA      FL      34446

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:  EMMETT DONNELLY PRES      1.30.04  
Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating.)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		
TITLE	PS	<input type="checkbox"/> Delete
NAME	DONNELLY, EMMETT F.	
STREET ADDRESS	2 JUNGLEPLUM CT E	
CITY-ST-ZIP	HOMOSASSA, FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SAMUEL J. STOLICKER	
STREET ADDRESS	5 BEVERLY CT	
CITY-ST-ZIP	HOMOSASSA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6 BIRCHTREE ST	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  EMMETT DONNELLY PRES      1.30.04      628-2420  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #