

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L60122

FILED  
Apr 21, 2004  
Secretary of State

Entity Name: FIRED FANTASIES, INC.

**Current Principal Place of Business:**

417 NE 4 AVE  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

417 NE 4 AVE  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 65-0169747      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORRISON, JULIE  
715 NE 1ST STREET #C  
FT. LAUDERDALE, FL 33301      US

**Name and Address of New Registered Agent:**

MORRISON FINCH, JULIE  
7388 VALENCIA DRIVE  
BOCA RATON, FL 33433      US

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.

SIGNATURE: JULIE MORRISON FINCH      04/21/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MORRISON, JULIE,  
Address: 715 NE 1ST ST, #C  
City-St-Zip: FT. LAUDERDALE, FL  
  
Title: DP (X) Delete  
Name: STOOKSBURY, MARY ANN  
Address: 6001 SW 127 AVE  
City-St-Zip: FT LAUDERDALE, FL 33330

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MORRISON-FINCH, JULI, E  
Address: 7388 VALENCIA DRIVE  
City-St-Zip: BOCA RATON, FL 33433  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULI MORRISON-FINCH      DP      04/21/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date