


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90347 044 \*\*\*150.00

**DOCUMENT # M71394**  
 1. Entity Name  
 FRIDELL CHIMNEY SERVICES, INC.



Principal Place of Business  
 4650 EMPIRE AVE  
 JAX, FL 32207 US

Mailing Address  
~~4433RD ST~~  
 NEPTUNE BCH, FL 32250 US

24047980



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 920 Third Street  
 Suite D

04142004 Chg-P CR2E034 (10/03)

City & State  
 Neptune Beach, FL

4. FEI Number  
 59-2873328

Applied For  
 Not Applicable

Zip Country  
 32266 Duval

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HOULD, STEPHEN A.  
~~44 THIRD STREET~~  
 NEPTUNE BEACH, FL 32266

7. Name and Address of New Registered Agent  
 Name Stephen A. Hould  
 Street Address (P.O. Box Number is Not Acceptable)  
 920 Third Street  
 Suite D  
 City Neptune Beach FL Zip Code 32266

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 *Stephen A. Hould* STEPHEN A. HOULD DATE 04/15/2004

Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 D	<input type="checkbox"/> Delete
NAME FRIDELL, RONALD L.	
STREET ADDRESS 4650 EMPIRE AVE	
CITY-ST-ZIP JACKSONVILLE, FL 32207	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: *Ronald L. Fridell* Ronald L. Fridell DATE: 4-16-04 Daytime Phone #: 904 725 7762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR