

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 06, 2008
Secretary of State

DOCUMENT# N01000003924

Entity Name: FIREHOUSE SUBS SYSTEM FUND, INC.**Current Principal Place of Business:**3410 KORI ROAD
JACKSONVILLE, FL 32257**New Principal Place of Business:****Current Mailing Address:**3410 KORI ROAD
JACKSONVILLE, FL 32257**New Mailing Address:****FEI Number:** 59-3722372**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SORENSEN, CHRIS
3410 KORI ROAD
JACKSONVILLE, FL 32257 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: SORENSEN, ROBIN
Address: 3410 KORI ROAD
City-St-Zip: JACKSONVILLE, FL 32257**Title:** D () Delete
Name: SORENSEN, CHRIS
Address: 3410 KORI ROAD
City-St-Zip: JACKSONVILLE, FL 32257**Title:** D () Delete
Name: JOOST, STEPHEN
Address: 3410 KORI ROAD
City-St-Zip: JACKSONVILLE, FL 32257**Title:** V () Delete
Name: BURCHIANTI, VINCENT
Address: 3410 KORI RD
City-St-Zip: JACKSONVILLE, FL 32257**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: REIFSCHNEIDER, DOUG
Address: 3410 KORI ROAD
City-St-Zip: JACKSONVILLE, FL 32257**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT BURCHIANTI

V

11/06/2008

Electronic Signature of Signing Officer or Director

Date