


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N02000000836	
<b>1. Entity Name</b> RED HOT FIRE INC.	

<b>Principal Place of Business</b> 31512 GLADY LANE TAVERES, FL 32778	<b>Mailing Address</b> 31512 GLADY LANE TAVERES, FL 32778
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02182004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 01-0603082	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

LAMONS, JULIETA A  
31512 GLADY LANE  
TAVERES, FL 32778

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1000000099257  
03/30/04-80006-018 61.25

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D LAMONS, JULIETA A 31512 GLADY LANE TAVERES, FL 32778
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D LAMONS, STEVEN E 31512 GLADY LANE TAVERES, FL 32778
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D GREER, GARY L 10509 GOOSE PRAIRIE RD LEESBURG, FL 34788
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D HENDERSON, KEN 15422 CARROLLS CT. TAVARES, FL 32778
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D CISLAK, LUCY 214 HEDDON RD. MURPHY, NC 28906
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D CISLAK, PAUL 214 HEDDON RD MURPHY, NC 28906

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Julieta A. Lamons*  
Julieta A. Lamons

05/23/04 (352) 253-5292