


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000000836 1. Entity Name RED HOT FIRE INC.	
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Principal Place of Business 31512 GLADY LANE TAVERES, FL 32778	Mailing Address 31512 GLADY LANE TAVERES, FL 32778
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DO NOT WRITE IN THIS SPACE



03212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0603082	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMONS, JULIETA A 31512 GLADY LANE TAVERES, FL 32778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMONS, STEVEN E 31512 GLADY LANE TAVERES, FL 32778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREER, GARY L 10509 GOOSE PRAIRIE RD LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENDERSON, KEN 15422 CARROLLS CT. TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CISLAK, LUCY 214 HEDDON RD. MURPHY, NC 28906
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CISLAK, PAUL 214 HEDDON RD MURPHY, NC 28906

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U00000280841
03/30/05-80035-016 61.25

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 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: Julieta A. Lamons 3/28/05 352-253-5292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #