

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 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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03082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0603082	Applied For Not Applicable
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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000475323 04/05/06-80011-001 61.25
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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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **3/17/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #