



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000000753</b> 1. Entity Name <b>FIREHOUSE SUBS MARKET FUND, INC.</b>	
---	---

Principal Place of Business <b>3410 KORI ROAD JACKSONVILLE, FL 32257</b>	Mailing Address <b>3410 KORI ROAD JACKSONVILLE, FL 32257</b>
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

	
02202008 No Chg-NP CR2E037 (4/06)	
4. FEI Number <b>01-0600011</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>SORENSEN, CHRIS 3410 KORI ROAD JACKSONVILLE, FL 32257</b>
--

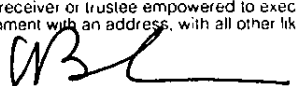
<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SORENSEN, ROBIN 3410 KORI ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SORENSEN, CHRIS 3410 KORI ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BURCHIANTI, VINCENT 3410 KORI RD JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

<p>U000000857223 03/31/08-80005-009 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>2/25/08</b> (904) 886-8300 <small>Daytime Phone #</small>