

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

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000008321

1. Entity Name
FIRESTARTERS OF FLORIDA, INC.



Principal Place of Business
**3131 NE 11TH AVENUE
POMPANO BEACH, FL 33064**

Mailing Address
**3131 NE 11TH AVENUE
POMPANO BEACH, FL 33064**



04052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0116014

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANDERHOLM-WEST, KAREN
3131 NE 11TH AVENUE
POMPANO BEACH, FL 33064**

**DO NOT WRITE
IN THIS SPACE**

6. 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. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
ANDERHOLM-WEST, KAREN
3131 NE 11TH AVE NUE
POMPANO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
WEST, JAMES
3131 NE 11TH AVE NUE
POMPANO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
CORDLE, SUNNY
230 GREY STONE RD
SHEFFIELD, ENGLAD, 3117br**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DURRANCE, CRAIG
7561 PIONEER RD
WEST PALM BEACH, FL 33413**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000285602
04/09/05-80034-011 61.25

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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)(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:

Karen Andholm West **KAREN ANDERHOLM WEST** 4/7/03 561-315-8146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #