2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000008321

1. Entity Name
FIRESTARTERS OF FLORIDA, INC.

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

04252006 No Chg-NP CR2E037 (11/05)

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

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000540378
05/10/06-80014-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDERHOLM-WEST, KAREN
STREET ADDRESS	3131 NE 11TH AVE NUE
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	VPD
NAME	WEST, JAMES
STREET ADDRESS	3131 NE 11TH AVE NUE
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	STD
NAME	CORDLE, SUNNY
STREET ADDRESS	230 GREY STONE RD
CITY-ST-ZIP	SHEFFIELD, ENGLAD, 3117br
TITLE	D
NAME	DURRANCE, CRAIG
STREET ADDRESS	7561 PIONEER RD
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Karen Anderholm West KAREN ANDERHOLM WEST 4/26/06 954-237-3457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #