

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000008321

1. Entity Name
FIRESTARTERS OF FLORIDA, INC.



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

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



04102007 No Chg-NP CR2E037 (4/06)

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
POMPAHO BEACH, FL 33064**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

TITLE
VPD
NAME
WEST, JAMES
STREET ADDRESS
3131 NE 11TH AVE NUE
CITY-ST-ZIP
POMPAHO 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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IN THIS SPACE**

U000000712739
04/26/07-80061-001 61.25

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** 4/19/07 561-315-8164
Signature and typed or printed name of signing officer or director Date Daytime Phone #