

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003347

FILED
Apr 13, 2007
Secretary of State

Entity Name: THE FURNACE, INC.

Current Principal Place of Business:

720 N. ORANGE AVE.
ORLANDO, FL 32801

New Principal Place of Business:

825 TOWERING OAK WAY
APOPKA, FL 32712

Current Mailing Address:

825 TOWERING OAK WAY
APOPKA, FL 32712

New Mailing Address:

FEI Number: 20-4532522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, SHARON
825 TOWERING OAK WAY
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

GONZALES, SHARON
825 TOWERING OAK WAY
APOPKA, FL 32712 US

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.

SIGNATURE: SHARON GONZALES

04/13/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GONZALES, SHARON
Address: 825 TOWERING OAK WAY
City-St-Zip: APOPKA, FL 32712

Title: VD (X) Delete
Name: BRALAND, BRAD
Address: 7918 ROSE AVE.
City-St-Zip: ORLANDO, FL 32810

Title: VD () Delete
Name: CHANAUD, DAVID
Address: 837 TUCKER
City-St-Zip: ORLANDO, FL 328075099

Title: STD () Delete
Name: SULLIVENT, VIRGINIA
Address: 5243 LIDO ST.
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON GONZALES

PD

04/13/2007

Electronic Signature of Signing Officer or Director

Date