


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90083 044 ****61.25

DOCUMENT # R41129 1. Entity Name FLORIDA'S IDLE RETIRED EX-SMOKE EATERS, F.I.R.E.S. INC.					
Principal Place of Business 10500 N. MILITARY TRAIL PALM BEACH GARDENS FL 33410				Mailing Address 10500 N. MILITARY TRAIL PALM BEACH GARDENS FL 33410	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 		3. Mailing Address F.I.R.E.S. INC. % Charles W Pecoroni Suite, Apt. #, etc. 1004 10th La. City & State GREENACRES FL. Zip Country 33463 U.S.A			
4. FEI Number 65-0177930				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALM BEACH GARDENS FIRE DEPARTMENT, INC. 10500 N. MILITARY TRAIL PALM BEACH GARDENS FL 33410			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 restateing) DATE</small>					
FILE NOW FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALASEK, JOSEPH		NAME		
STREET ADDRESS	8457 QUAIL MEADOW WAY		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH FL 33412		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBGWITZ, RAY		NAME		
STREET ADDRESS	5771 PARKWALK CIRCLE WEST		STREET ADDRESS		
CITY - ST - ZIP	BOYNTON BEACH FL 33437		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECORONI, CHARLES W		NAME		
STREET ADDRESS	1004 10TH LANE		STREET ADDRESS		
CITY - ST - ZIP	LAKE WORTH FL 33463		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTERFELDT, CHARLES		NAME		
STREET ADDRESS	2704 27TH LANE		STREET ADDRESS		
CITY - ST - ZIP	LAKE WORTH FL 33463		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBERT, RAYNOR		NAME		
STREET ADDRESS	1030 MILITARY TRAIL		STREET ADDRESS		
CITY - ST - ZIP	JUPITER FL 33458		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Charles W Pecoroni **CHARLES W PECORONI** 2-7-06 5614391485