2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N41129

Entity Name: FLORIDA'S IDLE RETIRED EX-SMOKE EATERS, F.I.R.E.S. INC.

Current Principal Place of Business:

10500 N. MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

FIRES INC. C/O CHARLES W. PECORONI
1004 10TH LN
GREENACRES, FL 33463

New Mailing Address:

FEI Number: 65-0177930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALM BEACH GARDENS FIRE DEPARTMENT, INC.
10500 N. MILITARY TRAIL
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	JOHNSON, RALPH	
Address:	7516 A ENGLISH CT	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	D	( ) Delete
Name:	JACOBGWITZ, RAY	
Address:	5771 PARKWALK CIRCLE WEST	
City-St-Zip:	BOYNTON BEACH, FL 33437	
Title:	SD	( ) Delete
Name:	PECORONI, CHARLES W	
Address:	1004 10TH LANE	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	D	( ) Delete
Name:	WINTERFELDT, CHARLES	
Address:	2704 27TH LANE	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	D	( ) Delete
Name:	HERBERT, RAYNOR	
Address:	1030 MILITARY TRAIL	
City-St-Zip:	JUPITER, FL 33458	

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

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES W. PECORONI SD 02/23/2009

Electronic Signature of Signing Officer or Director — Date