


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90008 026 ***150.00

DOCUMENT # P00000022902 1. Entity Name FIREPLACE SERVICES, INC.					
Principal Place of Business 5629 S. RIDGEWOOD AVENUE PORT ORANGE, FL 32127			Mailing Address 5629 S. RIDGEWOOD AVENUE PORT ORANGE, FL 32127		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3649316	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STEPHENSON, LESLIE P 5629 S. RIDGEWOOD AVENUE PORT ORANGE, FL 32127				Name Stephenson, Bonnie Street Address (P.O. Box Number is Not Acceptable) 5629 S. Ridgewood Ave City Port Orange	
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.				FL Zip Code 32127	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEPHENSON, LESLIE P 5629 S. RIDGEWOOD AVENUE PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STEPHENSON, BONNIE 5629 S. RIDGEWOOD AVENUE PORT ORANGE, FL 32127 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Bonnie Stephenson 5629 S. Ridgewood Ave Port Orange FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STEPHENSON, JAMES 5629 S. RIDGEWOOD AVENUE PORT ORANGE, FL 32127 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: <u>Bonnie Stephenson President 2/3/04 386-767-9392</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					