

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90240 048 ***150.00

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02102005 Chg-P CR2E034 (10/03)

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 <i>201 Payless Drive</i> Suite, Apt. #, etc.		3. Mailing Address <i>201 Payless Drive</i> Suite, Apt. #, etc.	
City & State <i>Oak Hill FL</i>		City & State <i>Oak Hill FL</i>	
4. FEI Number 59-3649316		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEPHENSON, BONNIE 5629 S. RIDGEWOOD AVENUE PORT ORANGE, FL 32127		7. Name and Address of New Registered Agent Name <i>Bonnie Stephenson</i> Street Address (P.O. Box Number is Not Acceptable) <i>201 Payless Drive</i> City <i>Oak Hill</i> FL Zip Code <i>32759</i>	
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: <i>Bonnie Stephenson (Sec.)</i> <i>Bonnie Stephenson (Secretary)</i> <i>2-22-05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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, BONNIE 5629 S. RIDGEWOOD AVENUE PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHENSON, JAMES 5629 S. RIDGEWOOD AVENUE PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: <i>Bonnie Stephenson</i> <i>Bonnie Stephenson (Secretary)</i> <i>2-22-05/386-767-9392</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>			