2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90381 039 ***150.00

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1. Entity Name
FIREPLACE SERVICES, INC.

Principal Place of Business	Mailing Address
201 PAYLESS DRIVE OAK HILL, FL 32759	201 PAYLESS DRIVE OAK HILL, FL 32759

04172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	830 Airport Rd. Suite, Apt. #, etc. Unit 211
City & State	City & State Port ORANGE, FL.
Zip / Country	Zip 32128 / Country

4. FEI Number 59-3649316 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEPHENSON, BONNIE 201 PAYLESS DRIVE OAK HILL, FL 32759	Name Bonnie Stephenson Street Address (P.O. Box Number is Not Acceptable) 830 Airport Rd. Unit 211 City Port ORANGE FL Zip Code 32128

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 Bonnie Stephenson Secretary 04/19/06
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 830 AIRPORT ROAD, F211 PORT ORANGE, FL 32128	☐ Delete	S Bonnie Stephenson 830 Airport Rd. Unit 211 Port Orange, FL. 32128	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STEPHENSON, JAMES 201 PAYLESS DRIVE OAK HILL, FL 32759	☐ Delete	P-VP James Stephenson 201 Payless Dr. Oak Hill, FL. 32759	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Assistant Secretary Joshua May 201 Payless Dr. Oak Hill, FL. 32759	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Bonnie Stephenson Bonnie Stephenson 04/19/06 386-767-9392
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)