

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000022902

1. Entity Name
FIREPLACE SERVICES, INC.



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

Mailing Address
830 AIRPORT RD
UNIT 211
PORT ORANGE, FL 32128



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

STEPHENSON, BONNIE
830 AIRPORT RD
UNIT 211
PORT ORANGE, FL 32128

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000834039
02/28/08-80037-003 150.00

10. OFFICERS AND DIRECTORS

TITLE S
NAME STEPHENSON, BONNIE
STREET ADDRESS 830 AIRPORT RD., UNIT 211
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE PVP
NAME STEPHENSON, JAMES
STREET ADDRESS 201 PAYLESS DRIVE
CITY-ST-ZIP OAK HILL, FL 32759

TITLE AS
NAME MAY, JOSHUA
STREET ADDRESS 201 PAYLESS DRIVE
CITY-ST-ZIP OAK HILL, FL 32759

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie Stephenson

Feb. 19, 08 386-767-9392

Date

Daytime Phone #