

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000022902

**Entity Name:** FIREPLACE SERVICES, INC.

**FILED**  
**Jul 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

201 PAYLESS DRIVE  
OAK HILL, FL 32759

**New Principal Place of Business:**

**Current Mailing Address:**

965 SANDLE WOOD DRIVE  
PORT ORANGE, FL 32127

**New Mailing Address:**

965 SANDLE WOOD DRIVE  
PORT ORANGE, FL 32127

**FEI Number:** 59-3649316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEPHENSON, BONNIE  
965 SANDLE WOOD DRIVE  
PORT ORANGE, FL 32127 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: S  
Name: STEPHENSON, BONNIE  
Address: 965 SANDLE WOOD DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: P  
Name: STEPHENSON, JAMES  
Address: 201 PAYLESS DRIVE  
City-St-Zip: OAK HILL, FL 32759

Title: VP  
Name: STEPHENSON, LESLIE  
Address: 965 SANDLE WOOD DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BONNIE STEPHENSON

S

07/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date