

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000004813

FILED
Apr 13, 2005
Secretary of State

Entity Name: FIREHOUSE PUB ENTERPRISES, INC.

Current Principal Place of Business:

3512 W VINE STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

4151 O'BERRY ROAD
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 02-0539244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILMER, SCOTT
4151 O'BERRY ROAD
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

KILMER, SCOTT D SR
4151 O'BERRY ROAD
KISSIMMEE, FL 34746 US

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: SCOTT D. KILMER, SR.

04/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KILMER, SCOTT D SR
Address: 4151 O'BERRY ROAD
City-St-Zip: KISSIMMEE, FL 34746

Title: T/S () Delete
Name: KILMER, TRACY M
Address: 4151 O'BERRY ROAD
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TRACY M. KILMER

ST

04/13/2005

Electronic Signature of Signing Officer or Director

Date