

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000110631

1. Entity Name
FIREPLACE SOURCE, INC.



Principal Place of Business
**6215 WILSON BLVD
JACKSONVILLE, FL 32210**

Mailing Address
**P O BOX 7779
JACKSONVILLE, FL 32238**

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
75-3079970

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STONEBURNER BERRY & SIMMONS, P.A.
ONE INDEPENDENT DR, STE 2000
JACKSONVILLE, FL 32202**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRAY, CLIFFORD
STREET ADDRESS	7925 SAN JOSE BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 32217
TITLE	D
NAME	TOWERS, WILLIAM B JR
STREET ADDRESS	4586 ORTEGA ISLAND DR N
CITY - ST - ZIP	JACKSONVILLE, FL 322107572
TITLE	D
NAME	TOWERS, JOHN B
STREET ADDRESS	310 PONTE VEDRA BLVD
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 320821812
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/05/04-80073-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.B. Towers Jr.

4-30-04

Date

904-778-1888

Daytime Phone #