
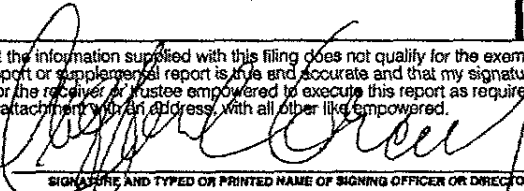


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 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 | | |
| 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 _____ <small>Signature, typed or printed name of registered agents and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | D GRAY, CLIFFORD 7925 SAN JOSE BLVD JACKSONVILLE, FL 32217 | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | D TOWERS, WILLIAM B JR 4586ORTEGA ISLAND DR N JACKSONVILLE, FL 322107572 | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | D TOWERS, JOHN B 310 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 320821812 | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: 4-6-05 <small>Daytime Phone #</small> |



04062005 No Chg-P CR2E034 (10/03)

| | |
|---|---|
| 4. FEI Number 75-3079970 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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04/07/05-80047-001 158.75

**DO NOT WRITE
IN THIS SPACE**