

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110631

Entity Name: FIREPLACE SOURCE, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

6215 WILSON BLVD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

P O BOX 7779
JACKSONVILLE, FL 32238

New Mailing Address:

FEI Number: 75-3079970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRAY, CLIFFORD
Address: 7925 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: TOWERS, WILLIAM B JR
Address: 4586ORTEGA ISLAND DR N
City-St-Zip: JACKSONVILLE, FL 322107572

Title: D () Delete
Name: TOWERS, JOHN B
Address: 310 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 320821812

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D () Change (X) Addition
Name: WATSON, JAMES D
Address: 400 N. HARBOR LIGHT DRIVE
City-St-Zip: JACKSONVILLE, FL 32095

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GRAY CLIFFORD

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date