

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

T. Roberts MAY 03 2005

FILED  
APR 29 PM 5:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000097867

1. Entity Name  
SONFIRE, INC.



Principal Place of Business  
6489 BROADTREE CT  
TALLAHASSEE, FL 32317

Mailing Address  
P.O. BOX 15733  
TALLAHASSEE, FL 32317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292005

Chg-P

CR2E034 (10/03)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, ARTENIA J  
6489 BROADTREE CT  
TALLAHASSEE, FL 32317

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
JONES, ARTENIA J  
6489 BROADTREE CT  
TALLAHASSEE, FL 32317 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200054035042  
05/09/05--01008--011 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
JONES, ARNOLD R  
6489 BROADTREE CT  
TALLAHASSEE, FL 32317 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Artesia K. Sanders  
6489 Broadtree Ct  
Tallahassee, Fl. 32317 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
JONES, QUANYSHA P  
6489 BROADTREE CT  
TALLAHASSEE, FL 32317 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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TITLE  
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☐ Change ☐ Addition

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TITLE  
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☐ Change ☐ Addition

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: *Artenia J. Jones* *Artenia J. Jones* 04/29/05 (850) 459-5082  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #