2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

DOCUMENT # P03000114635 1. Entity Name FIREFLY COVE, INC.					04-14-2008 90057 027 ***150.00				
Principal Place of Business Mailing Address				<u> </u>	- xv				
1348 FRUITVILLE RD		P.O. BOX 25427							
304		SARASOTA, FL 34231			,	•			
SARASOTA, FL 34236									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03112008	Chg-P	CR2E034	(12/06)		
City & State		City & State		4. FEI Numbe 20-0314				plied For t Applicable	
Zip	Country	Zip	Coun	lry	5. Certificate	of Status Desired		3.75 Add Required	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Age	nt	. ,	
				Name					
SHEA, JOHN J 269 S OSPREY AVENUE SUITE 100			Street Address (P.O. Box Number is Not Acceptable)						
SARASOTA, FL 34236									
			City	FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered ac						n, in the State of I	Florida. I am fam	iliar with,	and accept
the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NDTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					5.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO O	FICERS AND DI	RECTORS	3 IN 11
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12. I nereby (certify that the information supplied with on this report or supplemental report is	i inis imng does not quality fo	r ine exe	emptions containe	ed in Chapter 119	. Horida Statules	. I further certify	that the in	rormation

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: _

John V. Clonel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08

941-952-1000

Daytime Phone #