2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 08:00 AN e

SIGNATURE Systems spent or primet name of registered agent. ### FILE NOWIII FEE IS \$150.00 ### After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. INE DOUGHERTY, JOSEPH J NAME STRET ADDRESS OTH YONGE ST. ORNOND BEACH, FL 32174 ITIE NAME DOUGHERTY, W. MADALYN STRET ADDRESS OTHY-ST-ZP ITIE NAME DOUGHERTY, W. MADALYN STRET ADDRESS OTHY-ST-ZP ITIE NAME DOUGHERTY, W. MADALYN STRET ADDRESS OTHY-ST-ZP ITIE NAME S	DOCUMENT # P03000137573 1. Entity Name ALL FLORIDA FIREPLACE, INC.								1	Secret	ary o	of Stat
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City & Shale	2. Principal Place of Business - No P.O Box #				Mailing Address							
2p Country Zip Country 5. Certificase of Status Desired \$8.75 Additional review of Proquised Status Desired \$8.75 Additional review of Proquised Status Desired \$8.75 Additional review of Proquised Status Desired \$8.75 Additional review of Programs of	Suite, Apt, #, etc.				Suite, Apt. #, etc.			01142008	Chg-P	CR2E03	34 (12/06)	
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Name	Zip				,		itry	5. Certificate of Status Desired Fee Required				
SICHATURE Symmetry State		6. Name	and Address of Curren	tered Agent	Name	7. Name and	Address of New	Registered A	gent			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. It am familiar with, and accept the changing its registered agent, or both. In the State of Florida. It am familiar with, and accept the changing its registered agent, or both. In the State of Florida. It am familiar with, and accept the change of registered agent. SIGNATURE Signature Science or prince name of legistered agent are treat that it acceptable. MOTE Registered agent, or both. In the State of Florida. It am familiar with, and accept the change of registered agent, or both. In the State of Florida. It am familiar with, and accept the change of registered agent, or both. In the State of Florida. It am familiar with, and accept the change of registered agent, or both. In the State of Florida. It am familiar with, and accept the change of registered agent, or both. In the State of Florida. It am familiar with, and accept the change of registered agent, or both. In the State of Florida. It am familiar with, and accept the change of registered agent, or both. In the State of Florida. It am familiar with, and accept the change of registered agent, or both. In the State of Florida. It am familiar with, and accept the change of registered agent, or both. In the State of Florida. It am familiar with, and accept the change of registered agent, or both. In the State of Florida. It am familiar with, and accept the change of registered agent, or both. In the State of Florida. It am familiar with, and accept the change of registered agent, or both. In the State of Florida. It am familiar with, and accept the state of Florida. It am familiar with, and accept the state of Florida. It am familiar with, and accept the state of Florida. It am familiar with, and accept the familiar with, and accept the familiar with and accept the familiar wi	352 SOUTH YONGE ST.						Street Address (P.O. Box Number is Not Acceptable)					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true-end accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director	name Street address				☐ Delete	nam Stre	EET AODRESS				Change	Addition
indicated on this report or supplemental report is true-end 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 of trustee emptiwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE: Device Proper of The Pro												