## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000105448

Entity Name: CAFIRE, INC.

FILED Apr 14, 2005 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1112 LIVE OAK COURT 1004 S MARTIN LUTHER KING JR. AVE CLEARWATER, FL 33756

CLEARWATER, FL 33756

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 10218 P.O. BOX 4797

ST. PETERSBURG, FL 33733 CLEARWATER, FL 33758 US

FEI Number: 06-1730194 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

BLACKBURN, CONNIE A MS 1004 S MARTÍN LUTHER KING JR. AVE. CLEARWATER, FL 33756

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: CONNIE A BLACKBURN 04/14/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition ALBRECHT, DEAN T ALBRECHT, DEAN T Name: Name:

1112 LIVE OAK COURT 1052 BASS BLVD Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: DUNEDIN, FL 34698 US

DVT Title: DPT (X) Change ( ) Addition Title: () Delete BLACKBURN, CONNIE A Name: Name: BLACKBURN, CONNIE A MS 1112 LIVE OAK COURT 1052 BASS BLVD Address: Address: CLEARWATER, FL 33756 DUNEDIN, FL 34698 US City-St-Zip: City-St-Zip:

Title: ( ) Change (X) Addition Title: () Delete BLACKBURN, ROBERT G MR. Name: Name:

1112 LIVE OAK CT Address Address:

City-St-Zip: City-St-Zip: CLEARWATER, FL 33756 US

Title: () Delete Title: DS ( ) Change (X) Addition BELFREY, ALICIA MS Name: Name:

Address: Address: 637 SE 28TH PL City-St-Zip: City-St-Zip: OCALA, FL 34471 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Ρ SIGNATURE: CONNIE A BLACKBURN 04/14/2005