

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

01-23-2007 90043 013 ***150.00

DOCUMENT # P06000008896					
1. Entity Name FIRED EARTH & STONE, INC.					
Principal Place of Business 10023 LEISURE LN JACKSONVILLE FL 32256			Mailing Address 10023 LEISURE LN JACKSONVILLE FL 32256		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4101975	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLD, KATHLEEN H 2301 ONE INDEPENDENT DR JACKSONVILLE FL 32202			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent's signature required when name changes) Signature, typed or printed name of registered agent and date, if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	D ADAMS, JOHN 10023 LEISURE LN JACKSONVILLE FL 32256		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:			1/19/07 904-641-1898		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					