


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000082249					
1. Entity Name FRIENDLY FIRE, INC.					
Principal Place of Business 14780 HOMESTEAD ROAD LEHIGH ACRES, FL 33971		Mailing Address 14780 HOMESTEAD ROAD LEHIGH ACRES, FL 33971			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0627433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONROD, WILLIAM H 14780 HOMESTEAD ROAD FORT MYERS, FL 33971			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	U00000301109	
NAME	CONROD, WILLIAM H	NAME		04/13/05-80018-017 150.00	
STREET ADDRESS	14780 HOMESTEAD RD	STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES, FL 33971	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONROD, CAROLYN V	NAME			
STREET ADDRESS	14780 HOMESTEAD RD	STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES, FL 33971	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Carolyn Conrod</i>		CAROLYN CONROD PRES-SECY/TREAS ✓ 4-11-05 239 694-7274			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



03212005 Chg-P CR2E034 (10/03)