

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000004535

Entity Name: FIRWOOD, INC.

FILED  
Feb 24, 2004  
Secretary of State

**Current Principal Place of Business:**

1557, NORTH TAMiami TRAIL  
NORTH FORT MYERS, FL 33903 US

**New Principal Place of Business:**

**Current Mailing Address:**

1290, DRIFTWOOD DRIVE  
NORTH FORT MYERS, FL 33903 US

**New Mailing Address:**

FEI Number: 65-0733427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ELMER, JOHN A  
1290 DRIFTWOOD DR  
FORT MYERS, FL 33903 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: ELMER, GAIL LINDSEY M  
Address: 1290 DRIFTWOOD DR  
City-St-Zip: FORT MYERS, FL 33903

Title: P ( ) Delete  
Name: ELMER, JOHN A  
Address: 1290 DRIFTWOOD DR  
City-St-Zip: FORT MYERS, FL 33903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: GAIL ELMER

VP

02/24/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date