
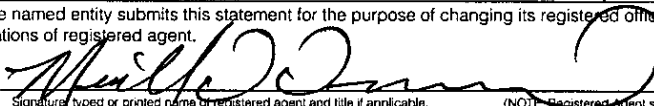
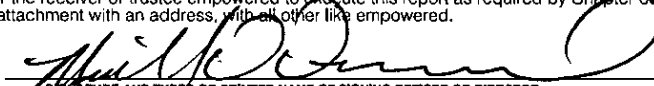


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90261 013 ***150.00

DOCUMENT # P99000074414 1. Entity Name ADVANCED FIRE STOP, INC.			
Principal Place of Business 404 TWENTY SECOND STREET SAINT AUGUSTINE, FL 32084		Mailing Address 404 TWENTY SECOND STREET SAINT AUGUSTINE, FL 32084	
2. Principal Place of Business 8273 NW 55th Ave Suite, Apt. #, etc.		3. Mailing Address 8273 NW 55th Ave Suite, Apt. #, etc.	
City & State Chiefland FL		City & State Chiefland FL	
Zip 32626		Zip 32626	
Country		Country	
4. FEI Number 59-3592567		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRUMMOND, MICHAEL DWAYNE 404 TWENTY SECOND STREET ST. AUGUSTINE, FL 32095		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8273 NW 55th Ave City Chiefland FL Zip Code 32626	
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 27 Apr 12 2004 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DRUMMOND, MICHAEL DWAYNE 8273 NW 55TH AVE. CHIEFLAND, FL 32626	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 687, 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: 		Date 27 Apr 12 2004 Daytime Phone # 352 493 3011	