

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S23493</b> 1. Entity Name <b>AUTUMN MOON FIREPLACES, INC.</b>																	
Principal Place of Business <b>10207 SE LENNARD RD PORT ST. LUCIE FL 34952</b>			Mailing Address <b>10207 SE LENNARD RD PORT ST. LUCIE FL 34952</b>														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.														
City & State			City & State														
Zip		Country		Zip													
Country		Country		4. FEI Number <b>65-0238615</b>													
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable													
6. Name and Address of Current Registered Agent  <b>TENNESEN, III, THOMAS E 494 VERADA AVE PORT SAINT LUCIE FL 34983</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 signature required when terminating) DATE _____																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>																	
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Added to Fee				10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>TENNESEN, THOMAS E III</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>494 VERADA AVE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>PORT SAINT LUCIE FL 34983</b></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	<b>TENNESEN, THOMAS E III</b>	<input type="checkbox"/>	STREET ADDRESS	<b>494 VERADA AVE</b>		CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34983</b>	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			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.	
TITLE	NAME	Delete															
NAME		<input type="checkbox"/>															
STREET ADDRESS																	
CITY-ST-ZIP																	
SIGNATURE: <u>Thomas E Tensen III</u>				Date: <b>02-22-06</b>													