2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90262 007 ****61.25

DOCUMENT # 731003

1. Entity Name
EMORY APPLIANCE REPAIR SERVICE, INC.

Principal Place of Business	Mailing Address
2530 E EMORY DR WEST PALM BEACH, FL 33415 US	2530 E EMORY DR WEST PALM BEACH, FL 33415 US

01052006 Chg-NP CR2E037 (11/05)

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 59-1650960 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHANTZ, EMANUEL 2521 ~~EMON DR W~~ EMORY DRIVE West WEST PALM BEACH, FL 33415	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOFFMAN, JEAN F 2761 EMORY DR W - B WEST PALM BEACH, FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Jean F Hoffman 2761 EMORY DRIVE West #B West Palm Beach, FL 33415	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARLOWE, LILLIAN 2722 EMERY DRIVE EAST, APT H WEST PALM BEACH, FL 334157913	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ELYCE WATERS EAST #A 2766 EMORY DRIVE West Palm Beach, FL 33415	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHWANTZ, EMANUEL 2521 A EMERY DRIVE WEST WEST PALM BEACH, FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Emanuel Schantz 2521 A EMORY DRIVE West West Palm Beach, FL 33415	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BECK, MIRIAM 2671 EMORY DRIVE EAST, APT K WEST PALM BEACH, FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President MIRIAM Beck 2671 EMORY DRIVE EAST #K West Palm Beach, FL 33415	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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: _____ JAN 12, 06 5619642564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #