

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90098 018 ****61.25

DOCUMENT # 731003 1. Entity Name EMORY APPLIANCE REPAIR SERVICE, INC.					
Principal Place of Business 2530 E EMORY DR WEST PALM BEACH, FL 33415 US			Mailing Address 2530 E EMORY DR WEST PALM BEACH, FL 33415 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03082007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1650960	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHANTZ, EMANUEL 2521 EMORY DR W WEST PALM BEACH, FL 33415			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
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, 2007		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	S HOFFMAN, JEAN F 2761 EMORY DR W - B WEST PALM BEACH, FL 33415	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Beck, Miriam 2671 Emory Drive East Apt. K West Palm Bch, FL 33415	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WATERS, ELYCE 2766 EMORY DR #A WEST PALM BEACH, FL 33415	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2766 Emory Dr East #A	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHWANTZ, EMANUEL 2521-A EMORY DR W WEST PALM BEACH, FL 33415	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2521 Emory Dr West #A	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BECK, MIRIAM 2671 EMORY DRIVE EAST, APT K WEST PALM BEACH, FL 33415	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LOIS FRANK 2766 Emory Dr East #C West Palm Bch, 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: <i>Elyce L. Waters</i> ELYCE L. WATERS			3/8/07 561-968-1609		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		