## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered

**SIGNATURE** 

## Jan 11, 2008 8:00 am **Secretary of State DOCUMENT #731003** 01-11-2008 90072 003 \*\*\*\*61.25 EMORY APPLIANCE REPAIR SERVICE, INC. Principal Place of Business Mailing Address 2530 E EMORY DR 2530 E EMORY DR WEST PALM BEACH, FL 33415 HS WEST PALM BEACH, FL 33415 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Cha-NP CR2E037 (12/06) 4. FEI Number 59-1650960 Applied For City & State City & State Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHANTZ, EMANUEL 2521 EMORY DR W WEST PALM BEACH, FL 33415 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 reinstating) DATE Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. П Florida Department of State Added to Fees Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **₩** Delete 7MLE T171 F FRAN Feldhandler BECK, MIRIAM NAME 2671 EMORY DR EAST APT K STREET ADDRESS STREET ADDRESS 87 EMORY DR. Wes WEST PALM BEACH, FL 33415 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition WATERS FLYCE NAME NAME STREET ADDRESS STREET ADDRESS 2766 EMORY DR EAST APT A CITY-ST-ZIP WEST PALM BEACH, FL 33415 CITY-ST-ZIP Detete ☐ Change ☐ Addition TITLE TITLE LOIS FRANK 276 EMORY DR. EAST APT. C West Palm Beach, FL 33415 SCHWANTZ, EMANUEL NAME 2521 EMORY DR WEST EAST APT A STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33415 CITY-SI-ZIP CITY-ST-ZIP Delete MLE MIRIAM Beck NAME FRANK, LOIS NAME 2671 EMORY DRIVE EAST APT. K 2766 EMORY DR EAST SUITE C STREET ADORESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP WEST PALM BEACH, FL 33415 ☐ Delete TTD E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED