


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N18209 1. Entity Name PALM CHASE RESIDENT APPLIANCE SERVICE CORP.	
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Principal Place of Business 10755 PALM LAKE AVENUE BOYNTON BEACH, FL 33437	Mailing Address 10755 PALM LAKE AVENUE BOYNTON BEACH, FL 33437
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04092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2745984	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SILVERMAN, LEONARD 10755 PALM LAKE AVENUE BOYNTON BCH., FL 33437

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVERMAN, LEONARD 10755 PALM LAKE AVENUE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KANDELL, MELVIN 10755 PALM LAKE AVENUE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERMAN, KITTY 10755 PALM LAKE AVENUE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURKHOFF, IRVING 10755 PALM LAKE AVENUE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/28/06-80004-023 61.25

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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: *H. Kitty Herman, Treas* DATE: *4/10/06*
 Signature AND typed NAME OF SIGNING OFFICER OR DIRECTOR PHONE: *561-737-7411*