


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N18209</b> 1. Entity Name <b>PALM CHASE RESIDENT APPLIANCE SERVICE CORP.</b>	
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Principal Place of Business <b>10755 PALM LAKE AVENUE BOYNTON BEACH, FL 33437</b>	Mailing Address <b>10755 PALM LAKE AVENUE BOYNTON BEACH, FL 33437</b>
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-NP CR2E037 (4/06)

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

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25  
Due by May 1, 2007**

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

UD00000707347  
04/24/07-80066-025 61.25

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *Kitty Herman* **KITTY HERMAN** 4/14/07 737-7410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #