## **FILED** 2004 FOR PROFIT CORPORATION Apr 05, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P01000109292 1. Entity Name ADVANCE APPLIANCE PARTS, INC. Principal Place of Business Mailing Address 271 N BABCOCK ST 271 N BABCOCK ST MELBOURNE, FL 32935 MELBOURNE, FL 32935 No Cha-P CR2E034 (10/03) 01132004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3755820 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \_ \_ \_ Fee Required 6. Name and Address of Current Registered Agent SPURLOCK, RICHARD J DO NOT WRITE 1216 PINEWOOD DR. MELBOURNE, FL 32935 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST 3313 E NAME SPURLOCK, RICHARD J 1216 PINEWOOD DR. STREET ADDRESS U00000102788 04/05/04-80029-021 150.00 MELBOURNE, FL 32935 CITY-ST-21P TITLE NAME STREET ADDRESS CITY - ST - ZIP THRE NAME STREET ADDRESS DO NOT WRITE CSTY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CETY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: Quinty Pred OFFENTED NAME OF SIGNING OFFICER OR DIRECTOR DISCOVERY DATE DATE PROOF & 221-242-2253