


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # H16668
 1. Entity Name
ALL APPLIANCE PARTS OF BONITA SPRINGS, INC.



Principal Place of Business 14508 S. TAMiami TRAIL FT. MYERS, FL 33912	Mailing Address 14508 S. TAMiami TRAIL FT. MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1581183	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 HUCKE, WILLIAM J.
 14508 S. TAMiami TRAIL
 FT. MYERS, FL 33912

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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 reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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 HUCKE, WILLIAM J. 14508 S. TAMiami TRAIL FT. MYERS, FL
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 03/26/06-80010-011 150.00

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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 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.

SIGNATURE: William J. Hucke William J. Hucke 1/3/13/2006 (239) 481-8711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #