2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 193545

Title:

Name:

Address:

City-St-Zip:

SD

MARTIN, MARY E

704 BAYSHORE DRIVE

PENSACOLA, FL 32507

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Entity Name: PENSACOLA APPLIANCE COMPANY INC

FILED Mar 29, 2006 Secretary of State

Lillity Nan	HE. FENSACO	DLA AFFLIANCE COMPANT	IIIC			
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
1810 BARRANCAS AVE PO BOX 266 PENSACOLA, FL 32592				29 PALAFOX PLACE PENSACOLA, FL 32502		
Current Ma	ailing Addres	s:	New Maili	New Mailing Address:		
PO BOX 26	RANCAS AVE 66 LA, FL 32592		29 PALAFO PENSACO	OX PL LA, FL 32502		
FEI Number:	59-0774917	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desir	red ()
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
The above	HORE DR LA, FL 32507 named entity s	US ubmits this statement for the	purpose of changing i	ts registered of	ffice or registered agen	t, or both,
in the State						
SIGNATUR	Electron	c Signature of Registered Ag	ent		Date	
OFFICERS	AND DIREC	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PT () MARTIN, R.G. I 704 BAYSHORE PENSACOLA, F	DR	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VD () MARTIN, SHEIL 704 BAYSHORE PENSACOLA, F	DR.	Title: Name: Address: City-St-Zip:	VD (X) TAYLOR, CHEL- 704 BAYSHORE PENSACOLA, F	E DR.	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT G MARTIN III PT 03/29/2006

() Change () Addition