

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90104 001 \*\*\*300.00

**DOCUMENT # 274332**

1. Entity Name  
**APPLICA INCORPORATED**



**66001114**



Principal Place of Business Mailing Address  
**5980 MIAMI LAKES DR. MIAMI LAKES, FL 33014** **5980 MIAMI LAKES DR. MIAMI LAKES, FL 33014**

2. Principal Place of Business 3. Mailing Address  
**3633 Flamingo Rd** **3633 Flamingo Rd**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**MIRAMAR, FL** **MIRAMAR, FL**  
 Zip Country Zip Country  
**33027 USA** **33027 USA**

6. Name and Address of Current Registered Agent  
**CARSTARPHEN, LISA R**  
**5980 MIAMI LAKES DRIVE**  
**MIAMI LAKES, FL 33014**

7. Name and Address of New Registered Agent  
 Name **LISA R. CARSTARPHEN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3633 Flamingo Rd**  
 City **MIRAMAR** FL Zip Code **33027**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SCHULMAN, HARRY D 5980 MIAMI LAKES DR MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPCD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b> <b>3633 Flamingo Rd</b> <b>MIRAMAR FL 33027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO POLISTINA, TERRY L 5980 MIAMI LAKES DR HIALEAH, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b> <b>3633 Flamingo Rd</b> <b>MIRAMAR FL 33027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARSTARPHEN, LISA R 5980 MIAMI LAKES DR HIALEAH, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b> <b>3633 Flamingo Rd</b> <b>MIRAMAR, FL 33027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAPLAN, ADAM 5980 MIAMI LAKES DR MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b> <b>3633 Flamingo Rd</b> <b>MIRAMAR, FL 33027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FRIEDSON, DAVID 5980 MIAMI LAKES DR MIAMI LAKES, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Lisa R. Carstarphen* Date: 1/18/05 (954) 883-1025  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #