

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90033 026 ***150.00

DOCUMENT # 368055

1. Entity Name
ART'S TV & APPLIANCE, INC. OF FORT WALTON BEACH



Principal Place of Business Mailing Address
527 MARY ESTHER CUT OFF **527 MARY ESTHER CUT OFF**
P. O. BOX 1330 **P. O. BOX 1330**
FORT WALTON BEACH, FL 32549-1330 US **FT. WALTON BCH., FL 32549-1330 US**

60007401



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-1298680

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWEIZER, ARTHUR F
250 VENTURA CIRCLE
FORT WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent

Name **RICHARD B. WALKER**

Street Address (P.O. Box Number is Not Acceptable)

804 MELISSA CT

City **FORT WALTON BEACH FL**

Zip Code **32547**

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

1-11-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **SD** ☒ Delete
NAME **SCHWEIZER, JOAN A**
STREET ADDRESS **250 VENTURA CIRCLE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **P** ☒ Delete
NAME **SCHWEIZER, ARTHUR F**
STREET ADDRESS **250 VENTURA CIRCLE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **D** ☐ Delete
NAME **WALKER, KARNISE D**
STREET ADDRESS **804 MELISSA COURT**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D/T** ☐ Change ☒ Addition
NAME **RICHARD B. WALKER**
STREET ADDRESS **804 MELISSA CT**
CITY-ST-ZIP **FORT WALTON BCH, FL 32547**

TITLE **VP/D/S** ☒ Change ☐ Addition
NAME **KARNISE D. WALKER**
STREET ADDRESS **804 MELISSA CT**
CITY-ST-ZIP **FORT WALTON BCH, FL 32547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Karnise Walker
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1-11-07

Date

850-244-2195

Daytime Phone #