

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 368055**

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



Principal Place of Business

**527 MARY ESTHER CUT OFF  
P. O. BOX 1330  
FORT WALTON BEACH, FL 32549-1330 US**

Mailing Address

**527 MARY ESTHER CUT OFF  
P. O. BOX 1330  
FT. WALTON BCH., FL 32549-1330 US**



04202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1298680</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WALKER, RICHARD B  
804 MELISSA CT  
FORT WALTON BEACH, FL 32547**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS WALKER, KARNISE D 804 MELISSA COURT FORT WALTON BEACH, FL 32547
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT WALKER, RICHARD B 804 MELISSA CT FORT WALTON BEACH, FL 32547
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/20/08-80050-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Ben Walker*

*4/23/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #