


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 463861 1. Entity Name ATCHLEY APPLIANCE & TV, INC.	
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Principal Place of Business 2225 SO VOLUSIA ORANGE CITY, FL 32763 US	Mailing Address 2225 SO VOLUSIA AVE ORANGE CITY, FL 32763 US
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02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1559291	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ATCHLEY, LOUIS DALE
2225 S VOLUSIA AVE
ORANGE CITY, FL 32763**

**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, 2004 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	PCD ATCHLEY, LOUIS D 2225 SO VOLUSIA ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ATCHLEY, LOREN DEAN 2225 SOUTH VOLUSIA AVE ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RUPP, JOHNNIE K 2225 SO VOLUSIA ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST TOTILLO, PATRICIA 2225 SO VOLUSIA ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/06/04-80084-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Patricia Totillo* **PATRICIA TOTILLO** 2-2-04 386-775-2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #