

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 463861

1. Entity Name
ATCHLEY APPLIANCE & TV, INC.



Principal Place of Business

2225 SO VOLUSIA

ORANGE CITY, FL 32763 ☐ US ☐

Mailing Address

2225 SO VOLUSIA AVE

ORANGE CITY, FL 32763 US

DO NOT WRITE IN THIS SPACE



01172005

No Chg-P

CR2E034 (10/03)

4. FEI Number
59-1559291

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

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

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01/24/05-80007-011 150.00

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-05

Date

386-775-2112

Daytime Phone #