2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Mar 08, 2004 08:00 AM Secretary of State **DOCUMENT # 518197** 1. Entity Name CHUCK'S DISCOUNT APPLIANCE AND TV. INC. Principal Place of Business Mailing Address 1125 N. DIXIE HWY. LAKE WORTH FL 33460 1125 N. DIXIE HWY. LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For 4. FEI Number City & State City & State 59-1701098 Not Applicable 7in Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DONATH, RANDELL Street Address (P.O. Box Number is Not Acceptable) 1125 N. DIXIE HIGHWAY LAKE WORTH FL 33460 City Zip Code 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change TITLE TITLE Delete NICHOLS, ROBERT B. SR. NAME NAME U000000081939 STREET ADDRESS 2609 CARTER LANE STREET ADDRESS 03/09/04-80006-016 158.75 CITY-ST-ZIP LAKE WORTH, FL 00000 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE DONATH, IRA C NAME NAME STREET ADDRESS 1125 NO. DIXIE HWY STREET ADDRESS CITY ST-ZIP LAKE WORTH, FL 00000 CITY-ST-7IP ☐ Delete TITLE Addition TITLE NAME NAME DONATH, RANDELL STHELL AUDRESS STREET ADDRESS 1125 N. DIXIE HIGHWAY CITY - ST - ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Addition TM F Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information experied with this filling 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 supplied entities 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 ap address, with all other like empowered.

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

andell Donath 3/4/04

FILED