2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Aug 30, 2005 8:00 am Secretary of State

1. Entity Name						08-17-2005	90001 03	31 ***55	50.00	
ATLAS APPLIANCE SERVICE, CORPORATION					<u> </u>					
	,	1								
Principal Place of Business Mailing Addres					1					
5545 SEMINOLE BLVD.		5545 SEMINOLE BLVD.			[
SEMINOLE FL 33772 US		SEMINOLE FL 33772 US			ad 2009 1000 0000 0000 0000	. 1571 C'1511 BLEU BH	an 6:9h Atan en	mvn n (411		
ŲŪ		05						41111111		
2. Principal Place of Business		3. Mailing Address		1	D) 4244 HINI (1981) 9444	120 61511 615	, e.e	75 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2nd	MOORE	CR2E034	(5/05)			
City & State		City & State		4. FEI Numbe	<u> </u>		- I Ac	plied For		
						["] 59-1731768	3	No	t Applicable	
Zip	Country	Zip Country			5. Certificate	of Status Desired		8.75 Add		
	6 Name and Address of Current	Pagistared Apent				<u> </u>		ee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
SUTTON, ROBERT JAMES				Street Address (P.O. Box Number is Not Acceptable)						
	5 SEMINOLE BLVD. (INOLE FL 33772		Street Address			P.O. Box Number is Not Acceptable)				
SEN	MINULE FL 33/12									
, <i>(</i>)			City		FL Zip Code					
B. The should	named earth, submits things among t	ed agent or bot	h in the State of Flo		miliar with	and accept				
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 TOLENA										
Signal UPE Sensive, typed or profiled name of regulated agent and tale if explicable (NOTE Regulated Agent signature required when remaining) DATE										
FILE NOW!!! FEE IS \$50.00 S.607.193(2)(b), F.S., allows for the waiver of the						9. Election Campa	ion Financio	c \$5 (00 May Be	
	DUE BY September 7, 2005 Payable to Florida Department of	king this box, I rior notice. Fe	-	_ ,	Trust Fund Con			ed to Fees		
10.	OFFICERS AND		11.			CHANGES TO OFFI	CERS AND I	DIRECTORS	SIN 11	
TITLE	PD	☐ Delate	TITLE			<u> </u>		Change	☐ Addition	
NAME	SUTTON, ROBERT J.								-	
STREET ADDRESS	•		STREET ADOR	ESS					ĺ	
CITY-ST-ZIP	NO. REDINGTON BEACH, F		CITY-ST-ZIP						<u> </u>	
KYPE		☐ Deteto	TITLE NAME					☐ Change	Addition	
STREET ADDRESS			STREET ADDR	ESS					ľ	
CITY-ST-ZIP			CHY-SI-ZIP							
DILE _		Delate	TITLE		-				Addition .	
NAME STREET ADDRESS	}		MAME STREET ADDR	223)	
CITY-ST-ZIP			CITY-ST-ZIP	_					. 1	
MILE		☐ Delete	TITLE					☐ Change	Addition	
NAME			NAME						Į.	
STREET ADDRESS CITY+ST+71P			STREET ADDR	ESS						
TIME		☐ Delete	TITLE					Change	Addition	
NAME		_ C	MAME				'			
STREET ADDRESS	,		STREET ADDR	ESS					1	
CITY-ST-ZIP			CITY-SI-ZIP							
TILE NAME		☐ Deleta	HILE	. .			1	Change	Addition	
STREET ADDRESS			STREET ADOR	ESS						
CITY-ST-ZIP		<i>n</i> .	CITY-ST-ZP					_	1	
12. (hereby o	certify that the information supplied wi	this filing does not quality for	the exemption	stated in Se	ction 119.07(3)(), Florida Statutes, I	further certif	y that the in	formation or director	
12. I hereby certify that the information subplied wiff this filing does not quality 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 early made under cash; that I am an officer or director of the corporation or the receiver or fusible empowered to execute this report as required by Chapter 607, Florida Statutes; and that my hame appears in Block 10 or Block 11 if changed, or on an adachment withen actures, with all other like empowered.										
$\alpha = 1$										
SIGNAT	UBE: _ YOUND	سمين				20/06				
	SIGNATURE AND THE BUT	PRINTED NAME OF SIGNING OFFICER O	ON DIRECTOR		• .	Ų g ro	Day	time Phone #	1	