

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90038 045 ***150.00

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1. Entity Name

REDFEARN'S APPLIANCES, INC.



Principal Place of Business

7381 SR 21
BOX 686
KEYSTONE HEIGHTS FL 32656

Mailing Address

7381 SR 21
PO BOX 686
KEYSTONE HEIGHTS FL 32656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1857213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWELL, PAUL D.
ATTORNEY AT LAW
201 LAWRENCE BOULEVARD
KEYSTONE HEIGHTS FL 32656

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	REDFEARN, SR., W. H.	
STREET ADDRESS	4238 SE 1ST AVE P.O. BOX 686	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	REDFEARN, JR., W. H.	
STREET ADDRESS	215 JASMINE DRIVE	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	REDFEARN, ERIC L.	
STREET ADDRESS	6455 BROOKLYN BAY RD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDFEARN, ERIC L.	
STREET ADDRESS	6455 BROOKLYN BAY RD.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDFEARN, MARY D.	
STREET ADDRESS	6455 BROOKLYN BAY RD.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDFEARN, DAVID L.	
STREET ADDRESS	6455 BROOKLYN BAY RD.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Eric L Redfearn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC L REDFEARN

3/23/04

352-473-7311

Date

Daytime Phone #