


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 690537</b> 1. Entity Name <b>FORTNEY'S APPLIANCE SALES, INC.</b>	
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Principal Place of Business <b>1142 NE 4 AVE. FT LAUDERDALE, FL 33304</b>	Mailing Address <b>1142 NE 4 AVE FT LAUDERDALE, FL 33304</b>
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07052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2113714</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DAVID FORTNEY SR. 11840 TARA DR PLANTATION, FL 33325</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000371238 07/07/05-80007-013 550.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORTNEY, SR, DAVID 11840 TARA DRIVE PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORTNEY, Lyla 11840 TARA DR PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FORTNEY, RUTH FRANCES 2536 GULFSTREAM LANE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** David Fortney Sr. **7-5-05 954-764-0212**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #