


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90044 006 \*\*\*\*61.25

<b>DOCUMENT # 731003</b> 1. Entity Name EMORY APPLIANCE REPAIR SERVICE, INC.					
Principal Place of Business 2530 E EMORY DR WEST PALM BEACH, FL 33415 US			Mailing Address 2530 E EMORY DR WEST PALM BEACH, FL 33415 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		05242005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1650960				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COTTON, IDA 2597 E EMORY DR WEST PALM BEACH, FL 33415			7. Name and Address of New Registered Agent Name <u>EMANUEL SCHANTZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>2521A EMORY DR W</u> <u>WPB FL 33415</u> City <u>FL</u> Zip Code <u>33415</u>		
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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>7/15/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN, JEAN F 2761 EMORY DR W - B WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT, ESTALLE C 2639 W EMORY DR A WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARLOWE, LILLIAN 2722 EMORY DRIVE EAST Apt H WEST PALM BEACH FL 33415-7913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COTTON, IDA S 2750 E EMORY DR A WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHANTZ, EMANUEL 2521A EMORY DRIVE WEST WEST PALM BEACH FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHNUTZ, EMANUEL 2521 W. EMORY DR., APT A WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BECK, MIRIAM 2671 EMORY DRIVE EAST Apt K WEST PALM BEACH FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>7/15/05</u> <small>Daytime Phone #</small>		

**50055696**

