

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757095

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: PINES APPLIANCE SERVICE CORPORATION

## Current Principal Place of Business:

2451 BLACK OLIVE BLVD.  
DELRAY BCH, FL 33445

## New Principal Place of Business:

## Current Mailing Address:

C/O ERLE SCHELLER  
2381 SHADYLANE, 104C  
DELRAY BCH, FL 33445 US

## New Mailing Address:

EDWARD HORWITZ  
1150 BOXWOOD DR.  
DELRAY BCH, FL 33445 US

FEI Number: 59-2075776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HORWITZ, EDWARD  
1150 BOXWOOD DR.  
\$+#204  
DELRAY BEACH, FL 33445 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHANUS, ALVIN  
Address: 1050 CITRUS WAY  
City-St-Zip: DELRAY BEACH, FL 33445

Title: V ( ) Delete  
Name: KATLOWITZ, ERWIN  
Address: 1131 VIOLET TERR.  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete  
Name: DEMERITT, MARGARET  
Address: 1041 ORANGE TERR.  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete  
Name: DEMERRITT, JOHN  
Address: 1041 ORANGE TERR.  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete  
Name: HORWITZ, EDWARD  
Address: 1150 BOXWOOD DRIVE 060-204  
City-St-Zip: DELRAY BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD HORWITZ

TREA

04/14/2005

Electronic Signature of Signing Officer or Director

Date