

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

06-14-2004 90001 041 \*\*\*\*61.25

**DOCUMENT # 768173**



1. Entity Name  
**CRESTHAVEN APPLIANCE SERVICE, INC.**

Principal Place of Business  
**CRESTHAVEN APPL. SERV.  
2885 E ASHLEY DR  
WEST PALM BEACH, FL 33415 US**

Mailing Address  
**CRESTHAVEN APPL. SERV.  
2885 E ASHLEY DR  
WEST PALM BEACH, FL 33415 US**

**34037410**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06082004 Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**52-2283782**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WECKER, MILTON L  
2885 E ASHLEY DR  
W PALM BEACH, FL 33415**

Name **SYLVIA M. RESNICK**

Street Address (P.O. Box Number is Not Acceptable)  
**2885 E. ASHLEY DR.**

City **W. Palm BEACH**

**FL**

Zip Code  
**33415**

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]*

**SYLVIA-M-RESNICK**

**6/9/04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ Delete  
NAME **MARTIN, OLGA**  
STREET ADDRESS **2522-H EMORY DR. EAST**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **D** ☐ Delete  
NAME **RENNERT, FLORA**  
STREET ADDRESS **2590-F BARLEY DR E**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **PD** ☐ Delete  
NAME **WECKER, MILTON L**  
STREET ADDRESS **2765-E EMORY DR EAST**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **SD** ☐ Delete  
NAME **CHEESMAN, JUDI**  
STREET ADDRESS **2910-F AHSLEY DR. EAST**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **TD** ☐ Delete  
NAME **RESNICK, SYLVIA**  
STREET ADDRESS **2717-C EMORY DRIVE WEST**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **D** ☐ Delete  
NAME **JACKSON, HAZEL**  
STREET ADDRESS **2620-E BARKLEY DRIVE EAST**  
CITY-ST-ZIP **W PALM BEACH, FL 33415**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SYLVIA M. RESNICK**

Date

Daytime Phone #

**6/9/04 (561) 967-9120**