

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90148 047 ***150.00

DOCUMENT # F89014					
1. Entity Name APSCO APPLIANCE & TV CENTERS, INC.					
Principal Place of Business 4520 E BAY DR CLEARWATER, FL 33764 US			Mailing Address 4520 E BAY DR CLEARWATER, FL 33764 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01252005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-2196714				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	
GRECO, ALFRED C. 4520 E. BAY DR CLEARWATER, FL 33764				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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRECO, ALFRED C		NAME		
STREET ADDRESS	3014 PEMBERTON TRACE		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33565		CITY-ST-ZIP		
TITLE	DV	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HOAG, DARRELL C.		NAME		
STREET ADDRESS	134 CARLISLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Alfred C. Greco</i> JAN 26 -05 727 5365542					