## FILED Jan 07, 2005 8:00 am Secretary of State 2005 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # G41572**

1. Entity Name AMERICAN COMMERCIAL APPLIANCE SERVICE, INC.						01-07-2005 90017 026 ***158.75				
Principal Place of Business		Aailing Address	<del></del>							
6800 CYPRESS RD		6800 CYPRESS RD					-	-		
SUITE 110		SUITE 110								
PLANTATION, FL 33317	US	PLANTATION, FL 33317	US		I (TEI)N PAU (	 	I WANT WAND WAND I	HEN TIEN MEN	1001 (1 120)	
-2 Principal Place of Business		- Mailing Address	<del>, 25 · 3</del>	77-						
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Suite, Apt. #, etc.	,	Suite, Apt. #, etc.	<u> </u>	}	01042005	Chg-P	CR2E034	(10/03)		
City & State	-71	City-& State	<u> </u>		4. FEI Number			IAn	plied For	
PLANTATION	U.F.L	PLANTATIO	N. FL	-	59-2305				t Applicable	
<sup>zip</sup> 33317	ountry	30 56610	Country	ĺ	5. Certificate o	of Status Desired	₩ \$	8.75 Add	itional	
	100	£ 33317	<u> 45</u>				273 F	e Required	<u> </u>	
Ç. NEMBO BITC	Address of Current Regi	stered Agent	Name >		-	Address of New R	egistered Ag	ent		
FARRAR, RUTH				1) E	NNIS	$C \cdot L$	20 <i>14</i>	' <u> </u>		
6800 CYPRESS RD. Street Addres					2.0. Box Number	is Not Acceptable	"P~1			
110   PLANTATION, FL 33317					7	<u>~~~~~</u>	A-1.6			
1 2 11 11 11 11 11 11 11 11 11 11 11			City	$\geq (\mu L)$	TE, //	<u> </u>				
······································				LAI	NATIO	2D	FL	Zip Code	33/7	
8. The above named entity sulthe obligations of registered	omits this statement for the lagent.	purpose of changing its re	gistered office or	registere	ed agent, or both	, in the State of Flo	orlda. I am fai	nitiar with,	and accept	
SIGNATURE Signature, types or pro	nted name of registered agendand Jist	d application. PROTE: F	Registered Agent signation	ure required t	when reinstating)	<del></del>	DATE	<u> 05</u>		
FILE NOW!!! FE After May 1, 2005 F		9. Election Campaigr Trust Fund Contrib			00 May Be ad to Fees		_			
10.	OFFICERS AND DIRE		11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND D	RECTORS	IN 11	
TITLE P		Delete	TITLE	5	wales A	Dote	)	Change	☐ Addition	
NAME FARRAR, RU STREET ADDRESS 6800 CYPRE		-	NAME STREET ADDRESS	168	00 (4)	Doty Deess R	d #11	3	1	
CITY-ST-ZIP PLANTATION			CITY-ST-ZIP		ANTATI			- 33/	7	
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STREET ADDRESS			STREET ADDRESS							
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STREET ADORESS			STREET ADDRESS							
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TITLE NAME	•	☐ Delete	TITLE					Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP						1	
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NAME			NAME					,		
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP	.,		CITY-ST-ZIP	L,	,					
<ol> <li>I hereby certify that the infi indicated on this report or of the corporation or the re changed, or on an attach</li> </ol>	ormation supplied with this supplemental report is true ceiver or trustee empower nent with an address, with a	filing does not qualify for the and accurate and that my ed to execute this report as all other like empowered.	ne exemption stat signature shall he required by Cha	ted in Sec ave the sapter 607,	ction 119.07(3)(i) ame legal effect Florida Statutes	, Florida Statutes. as if made under o ; and that my nam	I further certify bath; that I am e appears in E	that the in an officer Block 10 or	formation or director Block 11 if	
SIGNATURE:	Lenn	in Of	John .			ON 9				