## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # G41572**

Entity Name

AMERICAN COMMERCIAL APPLIANCE SERVICE, INC.



FILED Feb 26, 2007 08:00 AM Secretary of State

Principal Place of Business

6800 CYPRESS RD

SUITE 113

PLANTATION, FL 33317 US

Mailing Address
6800 CYPRESS RD

SUITE 113

PLANTATION, FL 33317

-----

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2305216

02162007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOTY, DENNIS C 6800 CYPRESS RD. 113

PLANTATION, FL 33317

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purions of registered agent.	rpose of changing its registered of	fice or registered agent, or	both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Ager	nt signature required when reinstating	DATE
	Synthese, types or printed rather or regressive agent and the r	distriction (mineral registrost agriculture)		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	P DOTY, DENNIS C 6800 CYPRESS RD #113 PLANTATION, FL 33317			
TITLE NAME STREET ADDRESS CITY+ST-ZIP				U00000647044 03/06/07-80056-017 150.00
THLE NAME STREET ADDRESS CITY-ST-ZIP			DO	O NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENNIS C Toty 2/51/M 954-792-15