2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J64437

1. Entity Name
JERRY'S MAJOR APPLIANCE SERVICE, INC.

40099309

03272007 — Chg-P   CR2E034 (12/06)

Principal Place of Business	Mailing Address
% GERALD R. PORTER 11540 WALSINGHAM RD S-D LARGO, FL 34648-2500	% GERALD R. PORTER 11540 WALSINGHAM RD S-D LARGO, FL 34648-2500

2. Principal Place of Business - No P.O. Box #   3. Mailing Address

Suite, Apt. #, etc.   Suite, Apt. #, etc.

City & State   City & State

Zip 33778   Country   Zip 33778   Country

4. FEI Number
59-2809486
Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PORTER, GERALD R.
11540 WALSINGHAM ROAD
SUITE D
LARGO, FL 33544

7. Name and Address of New Registered Agent

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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PORTER, GERALD R.		NAME	
STREET ADDRESS	11540 WALSINGHAM ROAD		STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33778		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOSS, ROBIN		NAME	
STREET ADDRESS	5907 SEVEN OAKS DR		STREET ADDRESS	
CITY-ST-ZIP	POWDER SPRINGS, GA 301274222		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	
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 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: _____   4-30-07   727-399-8384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

GERALD R. PORTER