2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: RICHARD

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # J97972 1. Entity Name 04-16-2004 90118 035 ***150.00 FERRIS APPLIANCE SERVICE, INC. Principal Place of Business Mailing Address 9611 128TH TERRACE LARGO FL 33773-1224 9611 128TH TERRACE 24045066 LARGO FL 33773-1224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2871959 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERRIS, RICHARD E. SR. Street Address (P.O. Box Number is Not Acceptable) **409 PEGASUS AVENUE SOUTH CLEARWATER FL 34625** City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE PST ☐ Delete TITLE Change ☐ Addition FERRIS, RICHARD E. SR NAME NAME 9611-128TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33773-1224 CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP ☐ Addition - Delete -TITLE ~ ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition 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 attack from the receiver or trustee empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #