
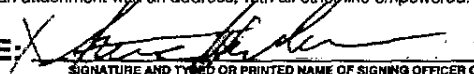


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # K02633 1. Entity Name COLLIER COUNTY APPLIANCE SERVICE, INC.		
Principal Place of Business 2308 DAVIS BLVD 1840 HARBOR PL NAPLES, FL 34104 US	Mailing Address 2308 DAVIS BLVD 1840 HARBOR PL NAPLES, FL 34104 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JACKSON, JOHN T. 1840 HARBOR PL NAPLES, FL 33942		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, JOHN T. 1840 HARBOR PL NAPLES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, STEPHEN P 3717 KENT DR NAPLES, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0019335	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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07/08/05-80005-018 150.00

**DO NOT WRITE
IN THIS SPACE**

X 7/5/05 X(29) 774-2115
Date Daytime Phone #