

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90019 021 ***150.00

DOCUMENT # K49826

1. Entity Name
CLASS APPLIANCE CENTER, INC.



Principal Place of Business
**733 N. CLEARWATER/LARGO RD.
LARGO, FL 33770**

Mailing Address
**733 N. CLEARWATER/LARGO RD.
LARGO, FL 33770**

24076330



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05142004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-2923286

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOMAR, RAJPAUL MICHAEL
733 N. CLEARWATER/LARGO RD.
LARGO, FL 34640**

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing, Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

*Did not receive
renewal postcard in
mail.*

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME COOMAR, RAJPAUL MICHAEL ☐ Delete
STREET ADDRESS 2345 STAG RUN BLVD
CITY-ST-ZIP CLEARWATER, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TSD
NAME COOMAR, SATIMA DEVI ☐ Delete
STREET ADDRESS 2345 STAG RUN BLVD
CITY-ST-ZIP CLEARWATER, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE M
NAME COOMAR, ANTHONY S ☐ Delete
STREET ADDRESS 58 BISHOP CREEK DR
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **COOMAR, ANTHONY S**
CITY-ST-ZIP **58-BISHOP CREEK DR.**
SAFETY HARBOR, FL 34695

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

5/15/04 (727) 585-8853