

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90059 001 ***211.25

DOCUMENT # K59733

1. Entity Name
INDEPENDENT APPLIANCE, INC.



Principal Place of Business
**2843 E 15 STR
PANAMA CITY, FL 32405 US**

Mailing Address
**2843 E 15 STR
PANAMA CITY, FL 32405 US**

66005995



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2929349

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NORRED, MIKE E
2843 E 15 ST
PANAMA CITY, FL 32405**

**DO NOT WRITE
IN THIS SPACE**

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

TITLE	P
NAME	NORRED, MIKE E
STREET ADDRESS	189 DERBY WOODS DR
CITY - ST - ZIP	LYNN HAVEN, FL
TITLE	VP
NAME	NORRED, DEBBIE J
STREET ADDRESS	189 DERBY WOODS DR
CITY - ST - ZIP	LYNN HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debbie J. Norred
Debbie J. Norred
VPres.

3/8/07
3/8/07

Date

888-763-0654
888-763-0654

Daytime Phone #