

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K87830

FILED
Apr 28, 2007
Secretary of State

Entity Name: APPLIANCE DOCTOR OF CENTRAL FLORIDA SERVICE CONTRACTS, INC.

Current Principal Place of Business:

% MICHAEL MANNINO
304 STERLING ROSE COURT
APOPKA, FL 32703 US

New Principal Place of Business:

MICHAEL MANNINO
304 STERLING ROSE COURT
APOPKA, FL 32703 US

Current Mailing Address:

% MICHAEL MANNINO
304 STERLING ROSE COURT
APOPKA, FL 32703 US

New Mailing Address:

522 HUNT CLUB BLVD,
STE. 340
APOPKA, FL 32703 US

FEI Number: 59-2998911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANNINO, MICHAEL
304 STERLING ROSE CT.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: MANNINO, MICHAEL
Address: 304 STERLING ROSE CT.
City-St-Zip: APOPKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MANNINO, MICHAEL
Address: 304 STERLING ROSE CT.
City-St-Zip: APOPKA, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MANNINO

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04/28/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date