

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L03451

FILED
Jul 10, 2008
Secretary of State

Entity Name: GENERAL APPLIANCE SERVICE, INC.

Current Principal Place of Business:

ROBERT W. KONEN
1960 US 1 S STE 32
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

ROBERT W. KONEN
1960 US 1 S STE 32
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3045346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KONEN, ROBERT W.
5472 3RD STREET
SAINT AUGUSTINE, FL 32080 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: DP () Delete
Name: KONEN, ROBERT W.,
Address: 5472 3RD ST.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: V () Delete
Name: KONEN, TIMOTHY W
Address: 93 PARK DR.
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT KONEN

DP

07/10/2008

Electronic Signature of Signing Officer or Director

Date