

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L35317

FILED  
Jan 17, 2008  
Secretary of State

**Entity Name:** STUART'S MAJOR APPLIANCES & AIR CONDITIONING, INC.

**Current Principal Place of Business:**

6601 LYONS RD  
F 4  
COCONUT CREEK, FL 33073 US

**New Principal Place of Business:**

**Current Mailing Address:**

6601 LYONS RD  
F 4  
COCONUT CREEK, FL 33073 US

**New Mailing Address:**

**FEI Number:** 65-0161330      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MESSICK, WALTER H P.A.  
1900 CORPORATE BLVD  
305 WEST  
BOCA RATON, FL 33431 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: V ( ) Delete  
Name: OAKNER, STUART P  
Address: 19093 STREAMSIDE CT  
City-St-Zip: BOCA RATON, FL 33498

Title: DP ( ) Delete  
Name: MCMILLAN, AARON E  
Address: 9504 NW 72 COURT  
City-St-Zip: TAMARAC, FL 33321

Title: DST ( ) Delete  
Name: KREBS, KAREN  
Address: 4421 NW 22 ROAD  
City-St-Zip: COCONUT CREEK, FL 33066

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: KAREN KREBS

DST

01/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date