2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 26, 2004 8:00 am **Secretary of State** 02-26-2004 90029 025 ***150.00 DOCUMENT # M45406 APPLIANCE PARTS CENTER OF PALM BEACH COUNTY. Principal Place of Business Mailing Address 94020726 1721 DONNA ROAD 1721 DONNA ROAD WEST PALM BEACH, FL 33409-2277 WEST PALM BEACH, FL 33409" US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2765862 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURDICK, GEOFFREY Street Address (P.O. Box Number is Not Acceptable) 324 DATURA STREET STE.200 WEST PALM BEACH, FL 33401 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. POT TITLE Defete Defete TITLE ☐ Change Addition NAME CAMPBELL, STEVEN D NAME STREET ADDRESS STREET ADDRESS 1721 DONNA ROAD CITY-ST-ZIP WEST PALM BEACH, FL. 33409 CITY-ST-ZIP CD Delete TITLE Change Addition NURMI, THIMAS A NAME NAME STREET ADDRESS 1721 DONNA ROAD STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP WEST PALM BEACH, FL 33409 VPDS..... TITLE .. Delete -TITLE . ☐ Change Addition NAME NURMI, ELIZABETH A NAME STREET ADDRESS 1721 DONNA RD. STREET ADDRESS CITY - ST - ZIP WEST PALM BEACH, FL 33409 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY - ST - 7IP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS replied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fall 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 ustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 11 in address, with all other like empowered. I hereby certify that the information indicated on this report or supplier

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