

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90019 010 ***150.00

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1. Entity Name
TONY'S A/C & APPLIANCE REPAIR, INC.



Principal Place of Business
5421 97TH TERRACE N.
PINELLAS PARK, FL 33782

Mailing Address
5421 97TH TERRACE N.
PINELLAS PARK, FL 33782

44020506



2. Principal Place of Business

18314 DOLLY BROOK LANE

Suite, Apt. #, etc.

3. Mailing Address

18314 DOLLY BROOK LANE

Suite, Apt. #, etc.

01132004

Chg-P

CR2E034 (10/03)

City & State

LUTZ, FL

City & State

LUTZ, FL

4. FEI Number

59-3626255

Applied For

☐ Not Applicable

Zip
33549

Country

Zip

33549

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, ANTHONY W
5421 97TH TERRACE N.
PINELLAS PARK, FL 33782

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

18314 DOLLY BROOK LANE

City *LUTZ*

FL

Zip Code *33549*

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.

ANTHONY W. DAVIS, PRES

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME PD
DAVIS, ANTHONY W
STREET ADDRESS 5421 97TH TERRACE N.
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE ☐ Delete
NAME SD
CAPEK-SUAREZ, MISTY M
STREET ADDRESS 19118 IVERSON RD
CITY-ST-ZIP LUTZ, FL 33559

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME PD
DAVIS, ANTHONY W.
STREET ADDRESS 18314 DOLLY BROOK LANE
CITY-ST-ZIP LUTZ, FL 33549

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

ANTHONY W. DAVIS, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #