2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000022698

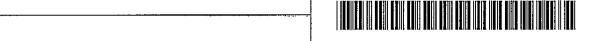
1. Entity Name

ACTION APPLIANCE SERVICE INC.



FILED Apr 29, 2004 08:00 AM Secretary of State

Principal Place of Business 1066 SALMON ISLE WEST PALM BEACH, FL 33413 Mailing Address 1066 SALMON ISLE WEST PALM BEACH, FL 33413



DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0996362

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALOOLEY, MICHELE 1066 SALMON ISLE WEST PALM BEACH, FL 33413

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	purpose of changing its registere	ed office or registered agent, or bo	th, in the State of Flo	orida. I am familiar with, and accept	•
SIGNATURE_	Signature Jyped or printed name of registered agains and title		ele A. Maloole Agent signature required when reinstating)	y Pres.	4/27/84 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign F Trust Fund Contribut			cing \$5.00 May Be Added to Fees			
TO. TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT PVT MALOOLEY, MICHELE 1066 SALMON IS	ČTORS				•
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEST PALM BEACH, FL 33413 S LOIACONO, WILLIAM 1066 SALMON ISLE WEST PALM BEACH, FL 33413			U00000; _04/2 9 /04-(139614 80128-008 150.00	
IITLE Name Street address City-St-Zip			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN ⁻	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				···.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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:

Signature and typeo or printed name of signific of prices on director

Signature and typeo or printed name of signific officer on director

David David Phone #