

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90031 008 ***150.00

DOCUMENT # P00000024771

1. Entity Name
REDD'S APPLIANCE & A/C INC.



Principal Place of Business
**17590 38TH LN. N.
LOXAHATCHEE, FL 33470**

Mailing Address
**17590 38TH LN. N.
LOXAHATCHEE, FL 33470**

50064093



08252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1018842** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, ROBERT LEE
17590 38TH LN. N.
LOXAHATCHEE, FL 33470**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, ROBERT LEE
STREET ADDRESS	17590 38TH LN. N.
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	Owner
NAME	Robert Johnson
STREET ADDRESS	17590 38th Lane N.
CITY-ST-ZIP	Lox Fla 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/20/05 561-798-4775
561-723 6602

to Reinstatement

ATTACHMENT

5706483
#P00000024771

IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.
Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- * The fee to file the profit annual report is \$550.00. If a certificate of status is desired, please add an additional \$8.75. Only one certificate may be requested.

Note
8/20/05

- Certificates will be mailed to the entity's mailing address only.
- Sign report in block 12.

I Robert Johnson talk to ALAN There ABOUT this
Notice of Intent to Dissolve. And I told her I mail A
check on - 4/16/05 - Chk# 2131 - And I call the
Bank & they never Recv. It. - But go to the
store we had & thing here was trying to get BACK
on track I guess it got lost somewhere And she
told me to mail the \$150.00. And Everything will
Be OK & Reinstatement. Thanks Robert

Mail completed report to:

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Courier Address: (overnight delivery)
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Questions?

Phone: (850) 245-6056

Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

Please send me
something BACK
to confirm - it
Reinstatement
Thanks
RJ