

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90064 020 ***158.75

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|---|--|--|---|--|--|
| DOCUMENT # P00000028998 1. Entity Name DALE'S APPLIANCE REPAIR SERVICE, INC. | | | | | |
| Principal Place of Business 416 E VINICE AVE VENICE, FL 34292 | | | Mailing Address 416 E VINICE AVE VENICE, FL 34292 | | |
| 2. Principal Place of Business 416 E Venice Ave Suite, Apt. #, etc. + | | 3. Mailing Address 416 E Venice Ave Suite, Apt. #, etc. + | | | |
| City & State Venice FL | | City & State Venice FL | | 4. FEI Number 65-0996151 | |
| Zip 34285 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent T&H COMPTROLLERS, INC. 312 EAST VENICE AVE STE 120 VENICE, FL 34292 | | | | 7. Name and Address of New Registered Agent T&H Comptrollers Inc. 200 Capri Isles Blvd. Ste. 2 Venice FL 34292 | |
| 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE <u><i>Ronald P. Hogarth</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 35%;"> DATE <u>3-1-04</u> <small>NOTE: Registered Agent signature required when reinstating</small> </div> </div> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LONSBERRY, JEFFREY D 1025 PINELAND AVE VENICE, FL 34292 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Lonsberry, Jeffrey D 1025 Pineland Ave Venice, FL 34285 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D COHILL, JON 1425 PINE STREET NOKOMIS, FL 34275 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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, 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: <u><i>Jon Cohill</i></u> <u>3/24/04</u> <u>941-650-1469</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |