

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000065455

FILED
Apr 30, 2004
Secretary of State

Entity Name: CT APPLIANCE & SERVICES INC.

Current Principal Place of Business:

1130 E DONEGAN AVE, STE 12
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1130 E DONEGAN AVE, STE 12
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 65-1120072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENNIS, TERREL
1130 E DONEGAN AVE, STE 12
KISSIMMEE, FL 34744

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DENNIS, TERREL
Address: 4629 CHEYENNE PT. TR.
City-St-Zip: KISSIMMEE, FL 34746

Title: VPD (X) Delete
Name: BRAHAM, CLINTON
Address: 4629 CHEYENNE PT. TR.
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CLINTON, BRAHAM L
Address: 285 INDIAN POINT CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLINTON BRAHAM

PD

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date