200 OR PROFIT CORPORATION NNUAL REPORT (AR)

DOCUMENT # P01000118423

1. Entity Name

LEGGETT'S APPLIANCE SERVICE, INC.



FILED Apr 23, 2008 08:00 AM Secretary of State

See Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEGGETT, THOMAS D 4309 DOGWOOD ST. MACCLENNY FL 32063 City City FL Zip Code City FL Zip			·								
MACCLENNY FL 32063 MACCLENNY FL 32063 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Cry & State Cry & State Cry & State Country S. Cenficate of Status Despite 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Strest Address (P O Box Number's Nist Acceptable) City FL Zip Code Strest Address (P O Box Number's Nist Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code Strest Address (P O Box Number's Nist Acceptable) Diff Strest Address (P O Box Number's Nist Acceptable) Strest Nist Acceptable (P O Box Number's Nist Acceptable) Strest Nist Acceptable (P O Box Nist Acceptable) Strest	Principal Plac	e of Business	Mail	ing Address							
2. Principal Place of Business - No P.C. Sox # 3. Making Address Suite. Apt. #, etc. Suite. Apt. #, etc. City & State Cay & State S. Centricate of Status Depine S. Centricate of Status											
City & State City & State City & State City & State A. FEI Number 26-0009892 Applied For Not Applied Recording Peep Recurrent Registered Agent T. Name and Address of Now Registered Agent Name LEGGETT, THOMAS D 4309 DOGWOOD ST. MACCLENNY FL 32063 City City FL Zip Code City FL Zip Code City FL Zip Code See Address (P.C. Box Number is Not Acceptable) City FL Zip Code See Address (P.C. Box Number is Not Acceptable) FLESHOR Registered Agent Name City FL Zip Code Signature Address of Fichers I and familiar with, and acceptable of the chiliquistions of registered agent, or com, in the State of Fichers. Lam familiar with, and acceptable of the chiliquistics of registered agent, or com, in the State of Fichers. Lam familiar with, and acceptable of the chiliquistics of registered agent. SIGNATURE SIGNATURE Signature Name FILE: NOW!!! FEE: 65 \$150.00 Defends P. Bection Campaign Financing Trust Fund Contribution. 9. Bection Campaign Financing Trust Fund Contribution. Added to Feet Name LEGGETT, THOMAS D MACCLENNY FL 32063 Defends MACCLENNY FL	2. Principal P	Place of Business - No P	O. Box # 3. M	3. Mailing Address			- ''") 	Di Isbat Iatio Ats	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3001 100
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required \$8.	Suite, Apt. #, etc.			Suite, Apt. #, etc.			15	st MOORE CR2	E034 (10	/07)	
Second	City & State			City & State			4. FEI Number 26-0009892 Applied For Not Applied ber				
LEGGETT, THOMAS D 4309 DOGWOOD ST. MACCLENNY FL 32063 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelerate the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate the colligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILE: NOW!!! FEE: IS \$150.00 After May 1; 2008 Fee Will Be \$550.00 After May 1; 2008 Fee Will Be \$550.00 Added to Feed Make Chack Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. INTER LEGGETT, THOMAS D PO BOX 1236 DOY 51-2P MILE MAKE Chack Payable to Florida Department of State OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS	Zip · Country			Z;p Country			5 Certificate of Status Desired \$8.75 Additional				
LEGGETT, THOMAS D 4309 DOGWOOD ST. MACCLENNY FL 32063 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am familiar with, and accelerate the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accelerate the obligations of registered agent. SIGNATURE		6. Name and Addre	ss of Current Registe	gistered Agent		[
### ### ##############################						Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the colligations of registered agent, or both, in the State of Florida. I am familiar with, and access the colligations of registered agent, or both, in the State of Florida. I am familiar with, and access the colligations of registered agent, or both, in the State of Florida. I am familiar with, and access the colligations of registered agent, or both, in the State of Florida. I am familiar with, and access the colligations of registered agent, or both, in the State of Florida. I am familiar with, and access the colligations of registered agent, or both, in the State of Florida. I am familiar with, and access the colligations of registered agent, or both, in the State of Florida. I am familiar with, and access the colligations of registered agent, or both, in the State of Florida. I am familiar with, and access the colligations of registered agent, or both, in the State of Florida. I am familiar with, and access the colligations of registered agent, or both, in the State of Florida. I am familiar with, and access the colligations of registered agent, or both, in the State of Florida. I am familiar with, and access the colligations of registered agent, or both, in the State of Florida. I am familiar with, and access the colligations of registered agent, or both, in the State of Florida. I am familiar with, and access the colligations of registered agent, or both, in the State of Florida. I am familiar with, and access the foliogeness of the forms of registered agent, or both, in the State of Florida. I am familiar with, and access the foliogeness of th	430	9 DOGWOOD ST	i			Street Address	s (P.O. Box Numb	per is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accellent to chigations of registered agent. SIGNATURE Submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accellent to the collegations of registered agent. SIGNATURE Submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accellent to the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accellent to the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accellent to the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accellent to the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accellent to the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accellent to the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accellent to the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accellent to the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accellent to the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accellent to the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accellent to the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accellent to the collegations of registered agent, or both, in the State of Florida. I am familiar with and accellent to the collegations of registered agent, or both, in the State of Florida. I am familiar with and accellent to the collegations of registered agent. Signature of Florida Department of	IVIA	CCLEININT FL 320	03			City			- 7	in Code	
SIGNATURE Supplied Lipids of productions of registered agent.						J 0y				. р оза	
After May 1, 2008 Fee Will Be \$550.00 Added to Fees Make Check Payable to Florida independent of State Added to Fees Make Check Payable to Florida independent of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ADDITIONS/CHANGES ADDITIONS/CH				pose of changing its	register	ed office or regist	ered agent, or bo	oth, in the State of Florida.	I am famili	ar with,	and accept
### After May 1: 2008 Fee Will Be \$550.00 Added to Fees ### Make Check Payable to Florida Department of State ### Trust Fund Contribution. Added to Fees ### Added to Fees #	SIGNATURE .	Signature, typed or printed name	of registered agent and the dia	rpi cable. (NOT	E Pegistrija	d Ager Esignature requir	ec ween reinstating)		DATE		
TITLE	After	May 1, 2008 Fee Wil	l Be \$550.00					1			•
NAME LEGGETT, THOMAS D NAME STREET ADDRESS CITY-ST-ZIP MACCLENNY FL 32063 CITY-ST-ZIP Change Additional	10.	0	FFICERS AND DIRECT	ORS	11.		ADDITIONS	/CHANGES TO OFFICERS	AND DIRE	ECTORS	S IN 11
NAME LEGGETT, THOMAS D NAME STREET ADDRESS CITY-ST-ZIP MACCLENNY FL 32063 CITY-ST-ZIP Change Additional	TITLE	DPST		☐ Delete	nnı					Change	Addition
CITY_ST_ZIP	NAME	LEGGETT, THOMAS	D		NAM	F					
TITLE	STREET ADDRESS	PO BOX 1236			STRE	ET ADORESS					
NAME STREET ADDRESS	CITY - ST- ZIP	MACCLENNY FL 320	63		CITY	-ST-ZIP					
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	TITLE			Derete	TITLE	:				Change	☐ Addition
CITY-ST-ZIP											
Darete					ŀ						
NAME STREET ADDRESS CITY-ST-ZIP ITILE Detele TITLE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME NAME NAME NAME NAME NAME NAME NAM	·				-			- U000009188	32		(mm)
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHANGE Address		1		☐ Darete		I		05/13/08-8000	9-025 ¹	Nange 150.(Addition
CITY-ST-ZIP					1						
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE Derele TITLE NAME NAME NAME						I					
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE Derele TIFLE NAME NAME	TITLE			Delete	TITLE				П	Change	☐ Addition
CITY-ST-ZIP				200 00 000	1					, ,	
TITLE Derete TITLE	STREET ADDRESS	•			STRE	ET ADDRESS					
NAME NAME	CITY-ST-ZIP				CITY	-ST-ZIP					
	TITLE			☐ Derete	TITLE					Change	Addition
						i					
STREET ADDRESS STREET ADDRESS						1					
CITY- ST-ZIP CITY- ST-ZIP	CHY-ST-ZIP			<u>.</u> ,	CITY	- S1 - ZIP					
				Deiete						Change	Addilion
NAME CARETA ARROSCO						l l					
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP						l l					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.											

03-07-08

Daytime Phone #