

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106153

Entity Name: SUGARLOAF A/C & APPLIANCE, INC.

FILED
Jan 08, 2006
Secretary of State

Current Principal Place of Business:

17046 BONITA LANE WEST
SUGALOAFL KEY, FL 33042

New Principal Place of Business:

5053 6TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Current Mailing Address:

17046 BONITA LANE WEST
SUGALOAFL KEY, FL 33042

New Mailing Address:

5053 6TH AVENUE NORTH
ST. PETERSBURG, FL 33071

FEI Number: 13-4216738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SZAFRANSKI, ROBERT J
17046 BONITA LANE WEST
SUGALOAFL KEY, FL 33042 US

Name and Address of New Registered Agent:

SZAFRANSKI, ROBERT J
5053 6TH AVENUE NORTH
ST. PETERSBURG, FL 33710 US

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:

01/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SZAFRANSKI, CHERYL
Address: 17046 BONITA LANE WEST
City-St-Zip: SUGALOAFL KEY, FL 33042

Title: P () Delete
Name: SZAFRANSKI, ROBERT
Address: 17046 BONITA LANE W
City-St-Zip: SUGARLOAF KEY, FL 33042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change () Addition
Name: SZAFRANSKI, CHERYL
Address: 5053 6TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: PRES (X) Change () Addition
Name: SZAFRANSKI, ROBERT
Address: 5053 6TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT SZAFRANSKI

PRES

01/08/2006

Electronic Signature of Signing Officer or Director

Date