

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000111720

1. Entity Name
MASTER APPLIANCE CARE INC.



Principal Place of Business
**201 E MAGNOLIA AVE
HOWEY IN THE HILLS, FL 34737**

Mailing Address
**201 E MAGNOLIA AVE
HOWEY IN THE HILLS, FL 34737**



07122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2372443

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORRIS, DONALD L
201 E MAGNOLIA AVE
HOWEY IN THE HILLS, FL 34737**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORRIS, DONALD L
STREET ADDRESS	201 E MAGNOLIA AVE
CITY - ST - ZIP	HOWEY IN THE HILLS, FL 34737
TITLE	VS
NAME	MORRIS, DONNA M
STREET ADDRESS	201 E MAGNOLIA AVE
CITY - ST - ZIP	HOWEY IN THE HILLS, FL 34737
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/14/04-800006-015 150.00

**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)(f), 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

DONALD L. MORRIS

7-12-04

Date

352-324-2255

Daytime Phone #