

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
04 JUN 10 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P02000129085</b> 1. Entity Name <b>MUSSELMAN'S APPLIANCE &amp; TV, INC.</b>	
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Principal Place of Business <b>4230 U.S. HIGHWAY 27 NORTH SEBRING, FL 33870-1041</b>	Mailing Address <b>PO BOX 7294 SEBRING, FL 33872-0105</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip      Country	City & State  Zip      Country
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4. FEI Number <b>01-0764251</b>	Chg-P      CR2E034 (10/03)	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

<b>6. Name and Address of Current Registered Agent</b>  <b>MUSSELMAN, GARY 4230 U.S. HIGHWAY 27 NORTH SEBRING, FL 33870-1041</b>	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)   City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S MUSSELMAN, CLAUDIA <input type="checkbox"/> Delete	TITLE	D Richard W. Robbins <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1919 JACKSON HGTS. DR.	NAME	3301 W. Fisher Rd. Avon Park, FL
STREET ADDRESS	SEBRING, FL 33870	STREET ADDRESS	33825
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P MUSSELMAN, GARY M <input type="checkbox"/> Delete	TITLE	
NAME	1919 JACKSON HEIGHTS DRIVE	NAME	
STREET ADDRESS	SEBRING, FL 33870	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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: Claudia Musseelman      Date: 6/7/04      Daytime Phone #: (803) 386-0898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR