



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90256 045 \*\*\*150.00

|   |                                 |  |  |  |  |
|---|---------------------------------|--|--|--|--|
| <b>DOCUMENT # P03000016748</b><br>1. Entity Name<br><b>APPLIANCE TODAY, INC.</b>  |                                 |  |  |   |  |
| Principal Place of Business<br><b>397 N. BABCOCK STREET</b><br><b>MELBOURNE, FL 32935 US</b>  |                                 |  | Mailing Address<br><b>397 N. BABCOCK STREET</b><br><b>MELBOURNE, FL 32935 US</b>   |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country   |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                              |  |  |  |
| 4. FEI Number<br><b>59-3644115</b>  |                                 |  |  | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                                 |  |  | 04282004    Chg-P    CR2E034 (10/03)   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PAUL A BOUVIER, PA</b><br><b>3210 N. WICKHAM ROAD</b><br><b>SUITE 5</b><br><b>MELBOURNE, FL 32935</b>   |                                 |  | 7. Name and Address of New Registered Agent<br><br>Name<br>St <b>Dave Presnick</b><br><b>96 Williard Street, Suite 302</b><br>City <b>Cocoa, FL 32922</b> <b>FL</b> Zip Code |  |  |
| 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.<br>SIGNATURE: <u><i>David M Presnick</i></u> (NOTE: Registered Agent signature required when reinstating)      DATE: _____  |                                 |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |                                 | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution. |  |  |  |
| 10. OFFICERS AND DIRECTORS<br><input type="checkbox"/> Delete   |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |  |
| DP<br>Sethwan Pak<br>397 N. Babcock St.<br>Melbourne FL 32935   |                                 |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |  |
| DVP<br>Mark Salmon<br>396 N. Harbor City Blvd.<br>Melbourne FL 32935  |                                 |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |  |
| DTS<br>Eun Bee Pak<br>397 N. Babcock St.<br>Melbourne FL 32935  |                                 |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |  |
| <input type="checkbox"/> Delete   |                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| <input type="checkbox"/> Delete   |                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| <input type="checkbox"/> Delete   |                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| 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: <u><i>Sam Hall</i></u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                 |  | Date: <u>4/30/04</u> Daytime Phone # _____   |  |  |