

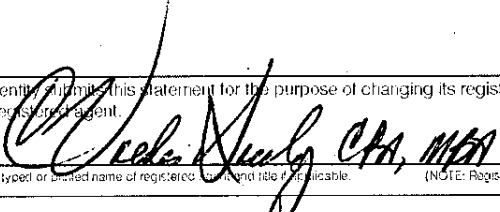
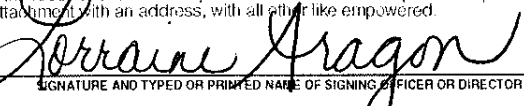


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000030462						FILED 04 NOV 16 PM 1:12 REIN SECRETARY OF STATE TALLAHASSEE, FLORIDA 04					
1. Entity Name MR. APPLIANCE OF TAMPA BAY, INC.				Principal Place of Business 1919 N. HOWARD AVE. TAMPA, FL 33607				Mailing Address 1919 N. HOWARD AVE. TAMPA, FL 33607			
2. Principal Place of Business 1917 N. HOWARD AVE Suite, Apt. #, etc.		3. Mailing Address 1917 N. HOWARD AVE Suite, Apt. #, etc.				09212004 Chg-P CR2E034 (10/03)					
City & State TAMPA FL Zip 33607 Country USA		City & State TAMPA FL Zip 33607 Country USA		4. FEI Number 20-0030698		Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required				6. Name and Address of Current Registered Agent ARAGON, LORRAINE 1919 N. HOWARD AVE. TAMPA, FL 33607				7. Name and Address of New Registered Agent Name HYDE PARK ACCOUNTANTS PA Street Address (P.O. Box Number is Not Acceptable) 2305 W MORRISON AVE City TAMPA FL Zip Code 33629			
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:  CFA, MBA <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>		DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ARAGON, LORRAINE 1919 N. HOWARD AVE. TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ARAGON, LORRAINE 1917 N HOWARD AVE TAMPA FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 				9/24/04 (813)876-5031							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>							