


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000074419</b>	
1. Entity Name USED APPLIANCE CENTER OF CITRUS, INC.	

Principal Place of Business 6546 WEST GULF TO LAKE HWY. CRYSTAL RIVER, FL 34429	Mailing Address 6546 WEST GULF TO LAKE HWY. CRYSTAL RIVER, FL 34429
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DO NOT WRITE IN THIS SPACE



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number 05-0577300	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  VELTMAN, ALICA 6546 WEST GULF TO LAKE HWY. CRYSTAL RIVER, FL 34429
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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 _____ <small>Signature typed or printed name of registered agent and fee (if applicable). (NOTE: Registered Agent signature required when rechartering)</small>
DATE _____

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PTD VELTMAN, MICHAEL 6546 WEST GULF TO LAKE HWY. CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY ST ZIP	VSD VELTMAN, ALICA 6546 WEST GULF TO LAKE HWY. CRYSTAL RIVER, FL 34429
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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>Alicia Veltran</u> <u>Alicia Veltran</u>	2-8-05	352-795-8882
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Print my phone no</small>