


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-05-2004 90256 037 \*\*\*150.00

<b>DOCUMENT # P03000085135</b> 1. Entity Name <b>APPLIANCE DIRECT XIII, INC.</b>					
Principal Place of Business <b>397 N. BABCOCK STREET</b> <b>MELBOURNE, FL 32935 US</b>			Mailing Address <b>397 N. BABCOCK STREET</b> <b>MELBOURNE, FL 32935 US</b>		
2. Principal Place of Business <b>2014 South Ridgewood Ave</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>South Daytona FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>20-0129781</b>	
Zip <b>32119</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOUVIER, PAUL A</b> <b>3210 N. WICKHAM ROAD,</b> <b>5</b> <b>MELBOURNE, FL 32935</b>			7. Name and Address of New Registered Agent  Name <b>Dave Presnick</b> <b>96 Williard Street, Suite 302</b> <b>Cocoa, FL 32922</b> City <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. SIGNATURE <u><i>David M Presnick</i></u> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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<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>Samuel</i></u> <b>4/30/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					