


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-05-2004 90256 036 \*\*\*150.00

<b>DOCUMENT # P03000115446</b>					
<b>1. Entity Name</b> APPLIANCE LIQUIDATORS OF CENTRAL FLORIDA IV, INC.					
<b>Principal Place of Business</b> 397 N. HARBOR CITY BOULEVARD MELBOURNE, FL 32935			<b>Mailing Address</b> 397 N. HARBOR CITY BOULEVARD MELBOURNE, FL 32935		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0322667	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BOUVIER, PAUL A 3210 N. WICKHAM ROAD 5 MELBOURNE, FL 32935			Name Dave Presnick 96 Williard Street, Suite 302 Cocoa, FL 32922 City <b>FL</b> Zip Code		
<b>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.</b> SIGNATURE <u><i>Dave 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>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
D.P. Seihwan Pak 397 N. Babcock St. Melbourne FL 32935			D,VP Mark Salmon 396 N. Harbor City Blvd. Melbourne, FL 32935		
DTS Eun Bee Pak 397 N. Babcock Street Melbourne, FL 32935			ge <input type="checkbox"/> Addition		
ge <input type="checkbox"/> Addition			ge <input type="checkbox"/> Addition		
ge <input type="checkbox"/> Addition			ge <input type="checkbox"/> Addition		
ge <input type="checkbox"/> Addition			ge <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u>		4/20/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			