

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90051 048 \*\*\*150.00

**DOCUMENT # P03000140575**

1. Entity Name  
**APPARATUS REPAIR & SALES, INC.**



Principal Place of Business  
**50 FORT PICKENS ROAD  
PENSACOLA BEACH, FL 32561**

Mailing Address  
**50 FORT PICKENS ROAD  
PENSACOLA BEACH, FL 32561**

**50006053**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**34-1981967**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SCHACHNER, JOHN  
50 FORT PICKENS ROAD  
PENSACOLA BEACH, FL 32561**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☒ Delete  
NAME **SCHACHNER, JOHN**  
STREET ADDRESS **50 FORT PICKENS ROAD**  
CITY-ST-ZIP **PENSACOLA BEACH, FL 32561**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BAIDEN, SCOTT**  
STREET ADDRESS **3425 MCCLEAN AVENUE**  
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SCHACHNER, BETH**  
STREET ADDRESS **50 FORT PICKENS ROAD**  
CITY-ST-ZIP **PENSACOLA BEACH, FL 32561**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **GOSSEN, JEAN** ☐ Delete  
NAME **3152 BUTTERCUP RD**  
STREET ADDRESS **Neenah WI 54956**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **GROW Thomas** ☐ Delete  
NAME **615 Emerson St**  
STREET ADDRESS **Neenah, WI 54956**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SCHACHNER, JAMES** ☐ Delete  
NAME **2816 HENDRICK AVE**  
STREET ADDRESS **Kaukauna, WI 54130**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Beth Schachner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-21-05 850-934-0099*  
Date Daytime Phone #