2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State

DOCUMENT # P03000154763				03-22-2004 90027 017 ***150.00		
THOMPS	ON APPLIANCE REPAIR,	INC.				
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917 N 58 AVE 313 A 29 V - 9		PENSACOLA, FL 32506	1 0 42 13 11 1 14 0 042 1 4 13	PDATEGOR		
- 1916 		in a series and reserve and a series and a		COV. CI 1974		
2. Principal P	lace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02232004 Chg-P CR2E034 (10/03)		
City & State		City & State		4. FEI Number Applied For		
				04-37827 44 Not Applicable		
Zip	Country		Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent		
THOMPSON, GREGORY S 5524 GARCON BLVD			Street A	Street Address (P.O. Box Number is Not Acceptable)		
PENSACOLA, FL 32507						
7			City	City Zip Code		
8. The above	named entity submits this statement for	or the purpose of changing its re	gistered office o	or registered agent, or both, in the State of Florida. I am familiar with, and accept		
the obligat	lions of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent	4 and title if applicable. (NOTE: F	Registered Agent signer	sture required when reinstating) DATE		
						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees		
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:		
TITLE NAME : *	D -THOMPSON, GREGORY S	Detete Detete	TITLE NAME	Change Addition		
STREET ADDRESS CITY - ST - ZIP	917 N 58 AVE PENSACOLA, FL 32506	Running to the second of the second s	STREET ADDRESS CITY+ST+ZIP			
TITLE	D D	☐ Delete	TITLE	Change Addition		
NAME STREET ADDRESS	THOMPSON, MARY E		NAME STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32506		CITY-ST-ZIP	1		
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition		
STREET ADDRESS			STREET ADDRESS	•		
CITY-ST-ZIP			CITY-ST-ZIP			
NAME -		Oelets	TITLE	☐ Change ☐ Addillion		
STREET ADDRESS CITY-51-7IP			STREET ADDRESS CHTY-ST-ZIP	5		
TITLE		☐ Delete =	-time	Change ☐ Addilion		
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
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NAME STREET ADDRESS			NAME STREET ADDRESS			
-CITY-ST-ZIP			CITY-ST-ZIP			
indicated	l on this report or supplemental report	is true and accurate and that my	/ signature shall	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director		
of the co	rporation or the receiver or trustee emp i, or on an attachment with an address	powered to execute this report a	s required by Ch	hapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if		
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SIGNAT	TURE: Gregory	PRINTED HAME OF SIGNING OFFICER OF	R DIRECTOR	Date Dayline Prione #		