

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013803

Entity Name: APPLIANCE TECHNICIANS, INC

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

2647 BELLEWATER PLACE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

2647 BELLEWATER PLACE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-0608187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANGAN, MICHAEL F
2647 BELLEWATER PLACE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LANGAN, MICHAEL F PRESIDE
Address: 2647 BELLEWATER PLACE
City-St-Zip: OVIEDO, FL 32765 US

Title: VP () Delete
Name: LANGAN, ELIZABETH C VP
Address: 2647 BELLEWATER PLACE
City-St-Zip: OVIEDO, FL 32765 US

Title: SEC () Delete
Name: LANGAN, MICHAEL F SEC
Address: 2647 BELLEWATER PLACE
City-St-Zip: OVIEDO, FL 32765 US

Title: TREA () Delete
Name: LANGAN, ELIZABETH C TREASUR
Address: 2647 BELLEWATER PLACE
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LANGAN

PRES

01/11/2008

Electronic Signature of Signing Officer or Director

Date