


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90028 016 \*\*\*150.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # P04000040698</b><br>1. Entity Name<br><b>APOPKA APPLIANCE CORP.</b>   |  |   |  |                |  |
| Principal Place of Business<br><b>1326 S. ORANGE BLOSSOM TRL.<br/>SUITE 5<br/>APOPKA, FL 32703</b>  |  |   | Mailing Address<br><b>1326 S. ORANGE BLOSSOM TRL.<br/>SUITE 5<br/>APOPKA, FL 32703</b>   |   |  |
| 2. Principal Place of Business<br><i>936 S. Orange Blossom Trl</i>  |  | 3. Mailing Address<br><i>936 S. Orange Blossom Trl</i>  |  |   |  |
| Suite, Apt. #, etc.<br>   |  | Suite, Apt. #, etc.<br>   |  |   |  |
| City & State<br><i>Apopka FL</i>  |  | City & State<br><i>Apopka FL</i>  |  | 4. FEI Number<br><b>20-0809655</b>  |  |
| Zip<br><b>32703</b>   |  | Country<br><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<br><br><b>EDWARDS, CHRISTINE F<br/>1484 COUNTRY VILLA CT<br/>APOPKA, FL 32703</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____  |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 7, 2005</b>   |  | 9. Election Campaign Financing 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>EDWARDS, CHIRSTINE F<br/>1484 COUNTRY VILLA CT<br/>APOPKA, FL 32703</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP<br/>EDWARDS, ARNOLD A<br/>1484 COUNTRY VILLA CT<br/>APOPKA, FL 32703</b> <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <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. |  |   |  |   |  |
| <b>SIGNATURE:</b> <i>Christine Edwards</i>  |  |   | Date <i>7/18/05</i>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |  |   |  |

66026593



07152005 Chg-P CR2E034 (10/03)

**ATTACHMENT**  
**HARRY, A. SPEER**  
CERTIFIED PUBLIC ACCOUNTANT  
146 WEST SYBELIA AVENUE  
MAITLAND, FLORIDA 32751

TELEPHONE (407) 628-2911  
FAX (407) 628-7083

MEMBER  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

July 18, 2005

Division of Corporations  
Uniform Business Report Filing  
P.O. Box 6198  
Tallahassee, FL 32314

RE: Apopka Appliance Corp.  
Document # P04000040698

To Whom It May Concern:

Enclosed is the 2004 Uniform Business Report for the above referenced taxpayer. The taxpayer never received the first Uniform Business Report and was unaware that they were required to file the report. I have explained to the taxpayer that every year they are required to file the Uniform Business Report. Enclosed is a check in the amount of \$150.

If you have any questions, please feel free to contact me.

Sincerely,

  
Jim Freeman



ATTACHMENT

FLORIDA DEPARTMENT OF STATE

**Glenda E. Hood**

Secretary of State

July 25, 2005

APOPKA APPLIANCE CORP.  
936S ORANGE BLOSSOM TRL  
APOPKA, FL 32703

Subject: **APOPKA APPLIANCE CORP.**

Reference Number: **P04000040698**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION