


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90290 013 ***150.00

DOCUMENT # P04000048036					
1. Entity Name GLYN'S APPLIANCE SERIVCE & SALES, INC.					
Principal Place of Business P.O. BOX 971910 MIAMI, FL 33197-1910			Mailing Address P.O. BOX 971910 MIAMI, FL 33197-1910		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
YONON, DUANE R 12891 SW 91ST COURT MIAMI, FL 33176				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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: <i>Duane R Yonon</i>				DATE: <i>4/19/05</i>	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD <input type="checkbox"/> Delete				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: YONON, DUANE R				NAME:	
STREET ADDRESS: P.O. BOX 971910				STREET ADDRESS:	
CITY-ST-ZIP: MIAMI, FL 331971910				CITY-ST-ZIP:	
TITLE: VD <input type="checkbox"/> Delete				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: YONON, KATHLEEN				NAME:	
STREET ADDRESS: P.O. BOX 971910				STREET ADDRESS:	
CITY-ST-ZIP: MIAMI, FL 331971910				CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:				NAME:	
STREET ADDRESS:				STREET ADDRESS:	
CITY-ST-ZIP:				CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:				NAME:	
STREET ADDRESS:				STREET ADDRESS:	
CITY-ST-ZIP:				CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:				NAME:	
STREET ADDRESS:				STREET ADDRESS:	
CITY-ST-ZIP:				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: <i>Duane R Yonon</i>				DATE: <i>4/19/05</i>	
Signature and typed or printed name of signing officer or director				Date	
				Daytime Phone #	