

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY -2 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302007 No Chg-P CR2E034 (11/05)

07

DOCUMENT # P04000051763

1. Entity Name
DOMESTIC APPLIANCE SERVICE & REPAIR, INC.



Principal Place of Business
PO BOX 180837
TALLAHASSEE, FL 32318

Mailing Address
PO BOX 180837
TALLAHASSEE, FL 32318

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0085097

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, KENNETH
399 HIGHLAND RD
HAVANA, FL 32333

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IN THIS SPACE

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WHITE, KENNETH
399 HIGHLAND RD
HAVANA, FL 32333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WHITE, TOMMY
227 RAYMOND RD
HAVANA, FL 32333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WHITE, BETTY
399 HIGHLAND RD
HAVANA, FL 32333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400102232834
05/14/07--01003--005 **150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #