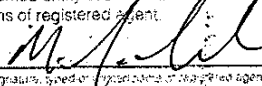


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90269 037 ***150.00

DOCUMENT # P04000108526					
1. Entity Name APPLIANCE REPAIR SERVICE OF CENTRAL FLORIDA, INC.					
Principal Place of Business 120 SW 5TH STREET OCALA, FL 34474			Mailing Address 120 SW 5TH STREET OCALA, FL 34474		
2. Principal Place of Business			3. Mailing Address PO BOX 3055		
Suite, Apt. #, etc.			Suite, Apt. #, etc. Bellevue FL		
City & State			City & State 34421		
Zip	Country	Zip	Country	USA	
6. Name and Address of Current Registered Agent GOLDMAN, MICHAEL 120 SW 5TH STREET OCALA, FL 34474				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				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: 				DATE: 25 FEB 05	
SIGNATURE: 				DATE: 25 FEB 05	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GOLDMAN, MICHAEL		NAME		
STREET ADDRESS	P.O. BOX 3065		STREET ADDRESS		
CITY-ST-ZIP	BELLEVUE, FL 34421		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GOLDMAN, PHILIP		NAME		
STREET ADDRESS	120 SW 5TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ 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: 				DATE: 25 FEB 05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	