

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90417 038 ***150.00

DOCUMENT # P05000000133

1. Entity Name
O.C. FRANCIS APPLIANCES INC.



Principal Place of Business
3540 NW 108 AVE
SUNRISE, FL 33315 US

Mailing Address
3540 NW 108 AVE
SUNRISE, FL 33315 US

60067410



2. Principal Place of Business

3540 NW 108 AVE
Suite, Apt. #, etc.
SUNRISE

City & State
FLORIDA

Zip 33351 Country USA

3. Mailing Address

3540 NW 108 AVE
Suite, Apt. #, etc.
SUNRISE

City & State
FLORIDA

Zip 33351 Country USA

03102006 Chg-P CR2E034 (11/05)

4. FEI Number 20-4543905
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

FRANCIS, ORVILLE C
3540 NW 108 AVE
SUNRISE, FL 33315

7. Name and Address of New Registered Agent

Name FRANCIS, ORVILLE C
Street Address (P.O. Box Number is Not Acceptable)

3540 NW 108 AVE
City Sunrise FL Zip Code 33351

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]* DATE 22 MAR 06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME FRANCIS, ORVILLE C
STREET ADDRESS 3540 NW 108 AVE
CITY-ST-ZIP SUNRISE, FL 33315

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Sunrise FL 33351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* Pres. 22 MAR 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #