

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2008 08:00 AM  
Secretary of State

DOCUMENT # P05000123104

1. Entity Name  
A+ APPLIANCE PARTS AND SERVICE, INC



Principal Place of Business  
5226 STATE RD 64 EAST  
BRADENTON, FL 34208

Mailing Address  
325 SALLY LEE DRIVE  
ELLENTON, FL 34222



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3435216	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JONES, MARK L  
325 SALLY LEE DRIVE  
ELLENTON, FL 34222

DO NOT WRITE  
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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

U000000918641  
05/13/08-80089-024 150.00

10. OFFICERS AND DIRECTORS

TITLE PS  
NAME JONES, MARK  
STREET ADDRESS 325 SALLY LEE DRIVE  
CITY-ST-ZIP ELLENTON, FL 34222

TITLE VPT  
NAME JONES, JANICE  
STREET ADDRESS 325 SALLY LEE DRIVE  
CITY-ST-ZIP ELLENTON, FL 34222

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-08

Date

941/729-3313

Daytime Phone #