2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P06000124763

1. Entity Name MCCANN APPLIANCE INC.



Principal Place of Business

6591 SW 46 ST. #3 DAVIE, FL 33314

Mailing Address

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4611 S. UNIVERSITY DR. BOX 301 **DAVIE, FL 33328**



FILED Feb 04, 2008 8:00 am

Secretary of State

02-04-2008 90061 042 ***150.00

01132008

No Chq-P

CR2E034 (11/05)

4. FEI Number 20-5595817

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

954-914-6624 Daytime Phone #

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BUTLER, JENNIFER 6291 SW 41ST COURT **DAVIE, FL 33314**

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	surpose of changing its registe	ered office or re	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	t applicable. (NOTE: Registr	ered Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finantity Trust Fund Contribution.			~ ~	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCANN, SEAN 6591 SW 46 ST. #3 DAVIE, FL 33314				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DÖ	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP			;	IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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.					