


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90014 013 \*\*\*150.00

<b>DOCUMENT # P07000054185</b>	
1. Entity Name <b>KIMS APPLIANCE, INC.</b>	

Principal Place of Business <b>3901 NW 34TH WAY LAUDERDALE LAKES, FL 33309</b>	Mailing Address <b>3901 NW 34TH WAY LAUDERDALE LAKES, FL 33309</b>
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2. Principal Place of Business - No P.O. Box # <b>Same As Above</b>	3. Mailing Address <b>Same As Above</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent <b>TURNER, KIMROY 3901 NW 34TH WAY LAUDERDALE LAKES, FL 33309</b>	
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7. Name and Address of New Registered Agent Name <b>Kimroy Turner</b> Street Address (P.O. Box Number is Not Acceptable) <b>3901 NW 34th Way</b> City <b>LAUDERDALE LAKES FL</b> Zip Code <b>33309</b>	
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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 <b>Kimroy Turner</b> DATE <b>4/23/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TURNER, KIMROY 3901 NW 34TH WAY LAUDERDALE LAKES, FL 33309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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.	
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SIGNATURE: <b>Kimroy Turner</b> DATE <b>04/23/08</b> DAYTIME PHONE # <b>754 366 5380</b>	
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01192008 Chg-P CR2E034 (12/06)

4. FEI Number **770086321** Applied For ☐ Not Applicable ☐

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

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APR 28 2008

IRS OGDEN, UTAH