

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000117475

Entity Name: A & G APPLIANCE & A/C, INC.

FILED  
Mar 04, 2009  
Secretary of State

## Current Principal Place of Business:

4110 SKIPPER RD.  
202  
TAMPA, FL 33613 US

## New Principal Place of Business:

## Current Mailing Address:

4110 SKIPPER RD.  
202  
TAMPA, FL 33613 US

## New Mailing Address:

FEI Number: 26-2356952      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NAKHLA, GEORGE A  
7507 AMBER CT.  
TAMPA, FL 33634 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NAKHLA, GEORGE A  
Address: 7507 AMBER CT.  
City-St-Zip: TAMPA, FL 33634 US

Title: VP ( ) Delete  
Name: GUIRGUIS, ADEL P  
Address: 4110 SKIPPER RD APT.# 202  
City-St-Zip: TAMPA, FL 33613 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE NAKHLA

P

03/04/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date