

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000056572

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Entity Name:** POLK COUNTY APPLIANCE SERVICE, INC.

**Current Principal Place of Business:**

203 E. BRIDGERS AVENUE  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

118 NOXON STREET  
AUBURNDALE, FL 33823

**New Mailing Address:**

**FEI Number:** 45-2579245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FELDKAMP, ASHLEY  
118 NOXON STREET  
AUBURNDALE, FL 33823 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FELDKAMP, ASHLEY M  
Address: 118 NOXON STREET  
City-St-Zip: AUBURNDALE, FL 33823

Title: N/A  
Name: N/A, N/A  
Address: N/A  
City-St-Zip: N/A, NA N/A

I hereby 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 all other like empowered.

SIGNATURE: ASHLEY FELDKAMP

PRES

01/31/2012

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

\_\_\_\_\_  
Date