2013 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P11000084287

1. Entity Name
APPLIANCE MASTER, INC.

FILED
13 MAR 25 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9276 EAGLE NEST DRIVE NAVARRE, FL 32566	9276 EAGLE NEST DRIVE NAVARRE, FL 32566

10142013 Chg-P CR2E034 (12/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 45-3472436 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BYRON, SHAWN M 9276 EAGLE NEST DRIVE NAVARRE, FL 32566	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 27, 2013

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BYRON, SHAWN M 9276 EAGLE NEST DRIVE NAVARRE, FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SKILLMAN, SUZANNE M 9276 EAGLE NEST DRIVE NAVARRE, FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300253887913 11/15/13--01028--007 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ELLIOTT, KENNETH E 298 BULLOCK BLVD NICEVILLE, FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 3/25

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.

SIGNATURE: Shawn M. Byron 11/11/13 byronaut@gmail.com
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — E-MAIL ADDRESS

Corporations Payments Tools Activity rvarnadore

Information

Annual Report Filing History

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Session

Transaction ID	Description	Filing Stage
p11000084287-23c44479-153d-4766-8a52-d157c41d9bf2	Session file for p11000084287 with last modified date of 3/25/2013 5:06:46 PM Eastern Standard Time	Edit

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
P11000084287-a8e51d31-ae12-4673-9e11-463877fd8ba8	P11000084287	0	2	3/8/2012 12:00:00 AM