

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90037 018 ***150.00

DOCUMENT # P19599
 1. Entity Name
 FLORIDA BUILDER APPLIANCES, INC.



Principal Place of Business: 3333 BEVERLY RD, HOFFMAN ESTATES, IL 60179 US
 Mailing Address: 3333 BEVERLY RD, 768TAX, B2-130B, HOFFMAN ESTATES, IL 60179 US

54023933

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country



01272004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COGHLAN, GERALD	
STREET ADDRESS	3333 BEVERLY RD	
CITY-ST-ZIP	HOFFMAN ESTATES, IL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HEIDEMANN, LYLE	
STREET ADDRESS	3333 BEVERLY RD	
CITY-ST-ZIP	HOFFMAN ESTATES, IL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCKEOUGH, BRENDAN	
STREET ADDRESS	3333 BEVERLY RD	
CITY-ST-ZIP	HOFFMAN ESTATES, IL	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	NEAL, SCOTT	
STREET ADDRESS	3333 BEVERLY RD.	
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SCHNEINER, PAM	
STREET ADDRESS	3333 BEVERLY ROAD	
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Noonan	
STREET ADDRESS	3333 Beverly Road	
CITY-ST-ZIP	Hoffman Estates, IL 60179	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beryl Burley	
STREET ADDRESS	3333 Beverly Road	
CITY-ST-ZIP	Hoffman Estates, IL 60179	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger Smith	
STREET ADDRESS	3333 Beverly Road	
CITY-ST-ZIP	Hoffman Estates, IL 60179	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Marshall	
STREET ADDRESS	3333 Beverly Road	
CITY-ST-ZIP	Hoffman Estates, IL 60179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lisa Marshall Asst. Secy 3/24/2004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #