2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE SUS .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 14, 2005 08:00 AM Secretary of State

DOCUMENT # P93000011157 1. Enity Name LIKE NEW APPLIANCES, INC.			•	Secretary of State	
505 N.E. PA	e of Business RK STREET E, FL 34972	Mailing Address 505 N.E. PARK STREET OKEECHOBEE, FL 34972			 I i i stan sust natur naur nasur nasur kant kant kant kant kantak ka
DO NOT WRITE IN THIS SPACE			CE	03222005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-0390297 Not Applied ble 5. Certificate of Status Desired \$8.75 Additional Fee Required	
SHANKLIN, SUSAN 505 N.E. PARK STREET OKEECHOBEE, FL 34972			DO NOT WRITE IN THIS SPACE		
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 Signature, typed or printed name of registered agent and title if applicable INOTE Registered Agent signature required when reinstating) DATE FILE NOWILL FEE IS \$150.00 9. Election Campalign Financing \$5.00 May Be					
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				ed to Fees	
IO. IITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIE PD SHANKLIN, SUSAN 505 N.E. PARK STREET OKEECHOBEE, FL 34972	RECTORS	-	-	
STREET ADDRESS CITY-ST-ZIP			Ì	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP] — — -		٠.
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filling 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 cath; 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					