2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000011157

1. Entity Name
LIKE NEW APPLIANCES, INC.

Principal Place of Business	Mailing Address
505 N.E. PARK STREET OKEECHOBEE, FL 34972	505 N.E. PARK STREET OKEECHOBEE, FL 34972

DO NOT WRITE IN THIS SPACE

04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
66-0390297

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHANKLIN, SUSAN
505 N E. PARK STREET
OKEECHOBEE, FL 34972

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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, type or print name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! Fee is $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHANKLIN, SUSAN
STREET ADDRESS	505 N.E. PARK STREET
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/06-80101-007 150.00

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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: [signature] 4/21/06 863-763-0304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #