


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000018950</b>	
1. Entity Name <b>A. WESLEY PARRISH APPLIANCES, INC.</b>	

Principal Place of Business <b>598 EAST ATLANTIC BLVD. POMPAÑO BEACH, FL 33060</b>	Mailing Address <b>598 EAST ATLANTIC BLVD. POMPAÑO BEACH, FL 33060</b>
---	---

DO NOT WRITE IN THIS SPACE



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0400437</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>PARRISH, A. WESLEY JR. 598 EAST ATLANTIC BLVD. POMPAÑO BEACH, FL 33060</b>
--

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 *A Wesley Parrish Jr* *A Wesley Parrish Jr* *2/16/04*  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-stating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000056906</b> <b>02/19/04-80040-013 150.00</b>
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PARRISH, A. WESLEY JR. 598 E. ATLANTIC BLVD. POMPAÑO BEACH, FL 33060</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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: *A Wesley Parrish Jr* *A Wesley Parrish Jr* *2/16/04 954943*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *3537*