2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2005 8:00 am
Secretary of State
04-07-2005 90028 007 ***150.00

DOCUMENT # P93000018950

1. Entity Name
A. WESLEY PARRISH APPLIANCES, INC.

Principal Place of Business	Mailing Address
598 EAST ATLANTIC BLVD. POMPANO BEACH FL 33060	598 EAST ATLANTIC BLVD. POMPANO BEACH FL 33060

bbU18816

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
631 NW 42ND Ave	631 NW 42nd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coconut Creek	City & State: Coconut Creek
Zip: 33066 Country: Broward	Zip: 33066 Country: Broward

4. FEI Number 65-0400437 ☐ 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
PARRISH, A. WESLEY JR. 598 EAST ATLANTIC BLVD. POMPANO BEACH FL 33060	Name: — Street Address (P.O. Box Number is Not Acceptable): 631 and 42nd Ave City: Coconut Creek FL Zip Code: 33066

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 PRES
A Wesley Parrish Jr. A. Wesley Parrish Jr. 3/2/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required for reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PARRISH, A. WESLEY JR.	NAME	
STREET ADDRESS	598 E. ATLANTIC BLVD.	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	RECEIVED
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	MAR 07 2005
STREET ADDRESS		STREET ADDRESS	REVENUE
CITY-ST-ZIP		CITY-ST-ZIP	OBPR

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. 5/19/05 9549726654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #