

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000020879

1. Entity Name
A ARNIE'S DEPENDABLE APPLIANCE SERVICE, INC.



**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90340 007 ***150.00

Principal Place of Business
**363 PENNSYLVANIA AVE
CRYSTAL BEACH, FL 34681 US**

Mailing Address
**P.O. BOX 566
CRYSTAL BEACH, FL 34681 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

04212006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3172477	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

Name

**BOLEK, RICHARD A
1992 BONNIE CT.
DUNEDIN, FL 34698**

Street Address (P.O. Box Number is Not Acceptable)

6137 Rockross Ave

City

New Port Richey FL 34655

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

Richard A Bolek RICHARD A. BOLEK 4/21/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST-ZIP	P MILNES, ARNIE 363 PENNSYLVANIA AVE CRYSTAL BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Arnie Milne 4/21/06 727-287-2800