## 2004 FOR PROFIT CORPORATION

## Apr 15, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P93000041721 MERLIN'S APPLIANCE SERVICE, INC. Principal Place of Business Mailing Address 101 W. CYPRESS 1820 WOOD VIOLET DR. KISSIMMEE, FL ORLANDO, FL 32824 02052004 No Cha-₽ CR2E034 (10/83) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3159727 Not Applicable \$8.75 Additional 5. Cerblicate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAWALRAM, HAROLD P DO NOT WRITE 1820 WOOD VIOLET DRIVE ORLANDO, FL 32824 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 SIGNATURE Signature typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when rematating) U00000113266 04/15/04-80002-017 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution 10. OFFICERS AND DIRECTORS PT 31316 DAWALRAM, HAROLD P NAME 1820 WOOD VIOLET DR. STREET ADDRESS ORLANDO, FL 32824 CITY ST 2/P DAWALRAM, SHANNA S NAME STREET AUDRESS 1820 WOOD VIOLET DR. CITY-ST-ZIP ORLANDO, FL 32824 HILE MARKE \$18441 4008655 DO NOT WRITE CHY ST- AP IN THIS SPACE HILE NAME STREET ADDRESS CITY ST-ZIP 51517 STREET ADDRESS CHY ST ZIP

12. Thereby 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 suppliemental report is frue 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 compression 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. value dent 4-12-04

SIGNATURE:

HEE NAME STREET ADDRESS CHY SI-ZIP

**FILED**