

2007 FOR PROFIT CORPORATION ANNUAL REPORT

06-12-2007 9011023 ***150.00
SECRET
DIVISION OF CORPORATIONS

07 JUN 19 PM 3:56

DOCUMENT # P93000041721

1. Entity Name
MERLIN'S APPLIANCE SERVICE, INC.



Principal Place of Business
101 WEST CYPRESS STREET
SUITE 1
KISSIMMEE, FL 34741 US

Mailing Address
101 WEST CYPRESS STREET
SUITE 1
KISSIMMEE, FL 34741 US



04122007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3159727

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAWALRAM, HAROLD P
1820 WOOD VIOLET DRIVE
ORLANDO, FL 32824

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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

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	DAWALRAM, HAROLD P
STREET ADDRESS	1820 WOOD VIOLET DR.
CITY- ST- ZIP	ORLANDO, FL 32824
TITLE	S
NAME	DAWALRAM, SHANNA S
STREET ADDRESS	1820 WOOD VIOLET DR.
CITY- ST- ZIP	ORLANDO, FL 32824
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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: *Harold Dawalram*

4-13-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #