2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 27, 2006 08:00 AM **Secretary of State** DOCUMENT # P94000009630 1. Entity Name DAN COLLINS' HOME APPLIANCE AND REPAIR, INC. Principal Place of Business Mailing Address 1613 URBANA AVE 1613 URBANA AVE. **DELTONA FL 32725 DELTONA FL 32725** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 59-3218337 Not Applicat: Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COLLINS, DAN Street Address (P.D. Box Number is Not Acceptable) 1613 URBANA AVE **DELTONA FL 32725** Zip Code 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 tamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or ported name of registered agent and title if applicable INOTE, Registered Agent eroneture required when reinstallant) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change Addition 🔲 TITLE Delete 000000449724 NAME COLLINS, DAN NAME 03/03/05-90065-023 150.00 STREET ACCIRESS STREET ADDRESS 1613 URBANA AVE. CITY-ST-ZIP DELTONA FL 32725 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE MAME NAME COLLINS, VICTORIA STREET ADDRESS 1613 URBANA AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32725** T Addition ☐ Detete HILE Change TITLE NAME NAME STREET ACROSESS STREET ADDRESS CHY-SI-ZIP C/TY-ST-ZIP ☐ Defete KTLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-21P Addition Change TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - IIP GITY-ST-ZIP Change 🔲 Addition Delete 3333.5 TITLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIF CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of flustee 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 officer like empowered.

SIGNATURE:

Collin

1-21-06 286759-4923

**FILED**