

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000013435

Entity Name: P & M APPLIANCE SALES, INC.

FILED
Feb 20, 2004
Secretary of State

Current Principal Place of Business:

2302 TOWN STREET
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

2302 TOWN STREET
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 59-3230904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARD A GORECKI III
2302 TOWN ST
SUITES 12 & 13
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GORECKI, EDWARD A
Address: 3036 KNOTTY PINE DR
City-St-Zip: PENSACOLA, FL 32505

Title: SD () Delete
Name: RONALD T MILLER,
Address: 30510 SAWMILL RD
City-St-Zip: SEMINOLE, AL 36574

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GORECKI, EDWARD A
Address: 3036 KNOTTY PINE DR.
City-St-Zip: PENSACOLA, FL 32505

Title: VPD () Change (X) Addition
Name: GORECKI, PENNY L
Address: 3036 KNOTTY PINE DR.
City-St-Zip: PENSACOLA, FL 32505

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD A. GORECKI

PD

02/20/2004

Electronic Signature of Signing Officer or Director

Date