## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR) -

## Mar 17, 2006 8:00 am **Secretary of State** DOCUMENT # P94000044550 1. Entity Name 03-01-2006 90025 022 \*\*\*158.75 STATEWIDE APPLIANCE, INC. Principal Place of Business Mailing Address 417 18TH AVE INDIAN ROCKS BEACH FL 33785 417 18TH AVE INDIAN ROCKS BEACH FL 33785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALLACE, FRANK Street Address (P.O. Box Number is Not Acceptable) 417 18TH AVE INDIAN ROCKS BEACH FL 33785 City 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 familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May 8e 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Detete TITLE ☐ Change ▼ Addition Director WALLACE, FRANK W NAME NAME Mark Klein 702 Queens Ct. STREET ADDRESS PO BOX 444 STREET ADDRESS Sefner, Fl. 33584 CHY-ST-7P INDIAN ROCKS BEACH FL 33785 CITY-ST-ZIP me ☐ Delete TITLE ☐ Addition Channe NAME CARDINALE, SAM NAME STREET ADDRESS 8442 BOXWOOD DR STREET ADDRESS City-ST-7IP **TAMPA FL 33634** CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition MAARE NAME DEROLF, STEVE STREET ADDRESS STREET ADDRESS 37325 KOZZIK RD CITY-ST-ZIP ZEPHYRHILLS FL 33541 CITY-ST-ZIP Delete TITLE TILE ☐ Change ☐ Addition THORNTON, MIKE NAME NAME STREET ADDRESS 37325 KOSSICKV RD STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33541 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition ORELVE R. HERNANDEZ NAME NAME STREET ADDRESS STREET ADDRESS Secretary 2811 Hwy. 60 CITY-ST-ZIP CITY-ST-ZIP Plant City, Fl. 33657 TITLE Delete TITE F ☐ Change Addition Delvis Hernandez Treasurer NAME 2828 29th Ave.NE STREET ADDRESS STREET ADORESS St. Pete, Fl. CITY - ST - ZIP CITY-S1-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 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: Frank Wesley Wallow FRANK WESLEY WALLACE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2-12-06 Date

FILED

813-310-9676 Daytime Phone #

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2006

STATEWIDE APPLIANCE, INC. 417 18TH AVE INDIAN ROCKS BEACH, FL 33785 US

Subject: STATEWIDE APPLIANCE, INC.

Reference Number:

P94000044550

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD ANNUAL REPORTS SECTION