


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90023 012 \*\*\*150.00

<b>DOCUMENT # P95000088264</b>	
1. Entity Name ED'S APPLIANCE SALES AND SERVICE, INC.	

Principal Place of Business 355 N TEMPLE AVE STARKE, FL 32091 US	Mailing Address 355 N TEMPLE AVE STARKE, FL 32091 US
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60003139



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3350113		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FEINSTEIN, EDWARD L 355 N TEMPLE AVE STARKE, FL 32091		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEINSTEIN, EDWARD L 355 N TEMPLE AVE STARKE, FL 32091 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Edward L. Feinstein EDWARD L. FEINSTEIN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/16/06 904964 2966 Daytime Phone #

# ATTACHMENT



60003139  
#P95000088264

## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2006

ED'S APPLIANCE SALES AND SERVICE, INC.  
355 N TEMPLE AVE  
STARKE, FL 32091 US

SUBJECT: ED'S APPLIANCE SALES AND SERVICE, INC.  
Ref. Number: P95000088264

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We have received your document for ED'S APPLIANCE SALES AND SERVICE, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

An officer or director must sign the report.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott  
Document Specialist

Letter Number: 606A00001387