2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # P96000007863** 1. Entity Name 04-23-2004 90230 002 ***150 00 APPLIANCE COMPANY, INC. Principal Place of Business Mailing Address 7413 COUNTY RD 17 5TH 7413 COUNTY RD 17 5TH 94061010 SEBRING, FL 33876 SEBRING, FL 33876 3. Mailing Address 2. Principal Place of Business 7413 County Rd 17 South 408 N. Ridge wood Drive Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (10/03) 04192004 Chg-P City & State City & State 4. FEI Number Applied For boida locida 65-0636454 Spbriá a Scb/119 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box 33876 70 USA 38 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOMANTO, PATRICIA L 7413 County Rd 1750th Street Address (P.O. Box Number is Not Acceptable) 7413 COUNTY RD 17 5TH Jehring FZ 33876 SEBRING, FL 33875 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. Chang. ~ 4 SIGNATURE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE **K** Change ☐ Addition TITLE. ☐ Delete LOMANTO, JOHN J NAME NAME 7413 County Road 17 South 7414 COUNTY ROAD 17 SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 City-St-ZIP 33876 **Z** Change TITLE ☐ Delete TITLE Addition 7413 County Road 17 South LOMANTO, PATRICIA L NAME MARKE STREET ADDRESS 7414 COUNTY ROAD 17 SOUTH STREET ADDRESS 33176 CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-ZIP sebriña. TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP " CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 adg

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