


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90394 020 ***150.00

DOCUMENT # P96000007863	
1. Entity Name APPLIANCE COMPANY, INC.	

Principal Place of Business 408 N RIDGEWOOD DRIVE SEBRING, FL 33870	Mailing Address 7413 COUNTY RD 17 SOUTH SEBRING, FL 33876
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04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0636454	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOMANTO, PATRICIA L 7413 COUNTY RD 17 SOUTH SEBRING, FL 33875 33876

**DO NOT WRITE
IN THIS SPACE**

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 Patricia Lomanto Patricia Lomanto
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOMANTO, JOHN J 7413 COUNTY RD 17 SOUTH SEBRING, FL 33876
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOMANTO, PATRICIA L 7413 COUNTY RD 17 SOUTH SEBRING, FL 33876
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**DO NOT WRITE
IN THIS SPACE**

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 address, with all other like empowered.

SIGNATURE: John J. Lomanto John J. Lomanto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 863-382-1808
Date Daytime Phone #