2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2005 8:00 am Secretary of State 02-01-2005 90022 006 ***150.00 DOCUMENT # P96000063072

1. Entity Name MAJOR APPLIANCE CENTER, INC.								0 2 0 1 2 000	, , , , , , , , , , , , , , , , , , ,	10	0.00
Principal Plac	e of Busines	s	М	ailing Address			· /	10010096	1		
Principal Place of Business 651 INDIANTOWN RD				651 INDIANTOWN RD			40010020				
B Jupiter, Fl. 33458 US			נו ונ	B Jupiter, FL 33458 US				1 18118 8114 8881 6811 8811			
2. Principal Place of Business			3.	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01132005	Chg-P	CR2E	034 (10/03)	
City & State				City & State			4. FEI Numb 65-069			<u> </u>	plied For at Applicable
Zip		Country		Zip	Coun	itry		of Status Desired		\$8.75 Add	litional
	6. Name	and Address of (Current Regis	tered Agent	· 		7. Name and	Address of New R	egistered		
WORSLEY, SCOTT G 19048 S.E. BRYANT DRIVE JUPITER, FL 33469						Name Street Address	(P.O. Box Numb	er is Not Acceptable)		
						City			·FL	Zip Cod	9
the obligat	named entit tions of regist	y submits this state tered agent.	ement for the p	ourpose of changing its	register	I ed office or registe	red agent, or bo	th, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registe	ered agent and title	if applicable. [NOT	È: Registere	d Agent signature require	d when reinstating)		DATE		
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150. 5 Fee will be	.00 \$550.00	9. Election Campa Trust Fund Cont			.00 May Be ded to Fees				
10.	· · · · · · · · · · · · · · · · · · ·	OFFICE	RS AND DIREC	CTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND	DIRECTOR:	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	19048 S.E	Y, SCOTT G E. BRYANT DRIV FL 33469	∕E	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Deleta						Change	Addition
TITLE				☐ Delete	TITL	E				Change	Addition
STREET ADDRESS CITY-ST-ZIP					- 6	E ET ADORESS -ST-ZIP					
TITLE NAME STREET ADDRESS CHY-ST-ZIP				□ Delete		i i				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				Change	☐ Addition
NAME	,	•		☐ Delete	TITLE	E	·			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	!			. 		ET ADDRESS -ST-ZIP					
12. I hereby of indicated of the cor	certify that the on this repo	e information supp rt or supplemental ne receiver or trust	lied with this fi report is true a ee empowere	iling does not qualify for and accurate and that r d to execute this report	r the exe ny signa as requi	mption stated in Seture shall have the red by Chapter 60	ection 119.07(3) same legal effec 7. Florida Statute	i), Florida Statutes. I	further ce ath; that I	rtify that the ir am an officer in Block 10 or	nformation or director

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Daytime Phone #