

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010648

FILED
Apr 23, 2008
Secretary of State

Entity Name: FUN COAST APPLIANCES INC.

Current Principal Place of Business:

5660 SOUTH RIDGEWOOD AVE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

5660 SOUTH RIDGEWOOD AVE
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-3506573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTINGS, JAMES JR.
6298 PALM VISTA STREET
PORT ORANGE, FL 327129 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HASTINGS, JAMES JR
Address: 6227 KLONDIKE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: VP () Delete
Name: FAIR, RICHARD SCOTT
Address: 1930 MANOR WAY
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HASTINGS, JAMES JR
Address: 6298 PALM VISTA ST
City-St-Zip: PORT ORANGE, FL 32128

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. HASTINGS JR.

P

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date