

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90001 013 \*\*\*150.00

**DOCUMENT # P97000047776**

1. Entity Name  
**THE APPLIANCE MAN, INC.**



Principal Place of Business  
**210 E HIGHLAND DRIVE, SUITE #1  
LAKELAND, FL 33813 US**

Mailing Address  
**210 E. HIGHLAND DR.  
STE. 1  
LAKELAND, FL 33813 US**



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3453378**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**LEO J OR JILL E MARTIN  
611 E HIGHLAND DR  
LAKELAND, FL 33813**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	VPT
NAME	MARTIN, JILL E
STREET ADDRESS	611 E HIGHLAND DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	Martin, Leo J, P, S
NAME	611 E. Highland Dr
STREET ADDRESS	Lakeland, FL 33813
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Jill E Martin* *Jill E. Martin* *8-24-04* *863 701-7100*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #