

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000022687

Entity Name: SALMON APPLIANCE, INC.

FILED
Aug 04, 2004
Secretary of State

Current Principal Place of Business:

5330 CARRICK RD
PORT ST JOHN, FL 32927

New Principal Place of Business:

P.O BOX 237792
COCOA, FL 32953 US

Current Mailing Address:

5330 CARRICK RD
PORT ST JOHN, FL 32927

New Mailing Address:

P.O BOX 237792
COCOA, FL 32953 US

FEI Number: 65-0823260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALMON, JOSE
5330 CARRICK RD
PORT ST JOHN, FL 32927 US

Name and Address of New Registered Agent:

SALMON, JOSE
P.O BOX 237792
COCOA, FL 32953 US

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:

08/04/2004

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: SALMON, JOSE R
Address: 5330 CARRICK RD
City-St-Zip: PORT ST JOHN, FL 32927

Title: T () Delete
Name: SALMON, JOSE R
Address: 5330 CARRICK RD
City-St-Zip: PORT ST JOHN, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change () Addition
Name: SALMON, JOSE R
Address: P.O BOX 237792
City-St-Zip: COCOA, FL 32953

Title: T (X) Change () Addition
Name: SALMON, JOSE R
Address: P.O BOX 237792
City-St-Zip: COCOA, FL 32953

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSE SALMON

DPVS

08/04/2004

Electronic Signature of Signing Officer or Director

Date