2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005
Secretary of State

DOCUMENT# P98000087018

Entity Name: LUNSFORD APPLIANCE SERVICE, INC.

Current Principal Place of Business:

4944 GLOVER LN
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

4944 GLOVER LN
MILTON, FL 32570

New Mailing Address:

FEI Number: 59-2922933 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUNSFORD, WANDA M
4944 GLOVER LANE
MILTON, FL 32570 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: PD ( ) Delete
Name: LUNSFORD, CHARLES R
Address: 4944 GLOVER LN
City-St-Zip: MILTON, FL 32570

Title: VD ( ) Delete
Name: LUNSFORD, WANDA MARILLIS
Address: 4944 GLOVER LN
City-St-Zip: MILTON, FL 32570

Title: SD ( ) Delete
Name: LUNSFORD, CHRISTOPHER
Address: 7435 PINE LAKE CIR.
City-St-Zip: MILTON, FL 32570

Title: TD ( ) Delete
Name: LUNSFORD, JOSHUA
Address: 4210 TANFIELD ROAD
City-St-Zip: MILTON, FL 32570

Title: MGR ( ) Delete
Name: LEE, LORI A MGR
Address: 5720 WHISPERING WOODS DRIVE
City-St-Zip: PACE, FL 32571 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: LORI LEE MGR 03/17/2005

Electronic Signature of Signing Officer or Director — Date