

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90396 028 \*\*\*158.75

**DOCUMENT # P99000009415**

1. Entity Name  
**APPLIANCE PLUS CONSUMER SERVICES, INC.**



Principal Place of Business

5459 BENTGRASS DRIVE  
APT. 111  
SARASOTA, FL 34243

Mailing Address

5459 BENTGRASS DRIVE  
APT. 111  
SARASOTA, FL 34243

**50007897**



2. Principal Place of Business

**8140 NATURES WAY**  
Suite, Apt. #, etc.  
**UNIT 17**

3. Mailing Address

**8140 NATURES WAY**  
Suite, Apt. #, etc.  
**UNIT 17**

02242006 Chg-P CR2E034 (11/05)

City & State

**BRADENTON, FL**

City & State

**BRADENTON, FL**

4. FEI Number

**59-3553846**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

Zip  
**34202-4131**

Country  
**USA**

Zip  
**34202-4131**

Country  
**USA**

6. Name and Address of Current Registered Agent

**TORO, JAVIER**  
5459 BENTGRASS DRIVE  
APT. 111  
SARASOTA, FL 34243

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**8140 NATURES WAY**

**UNIT 17**

City

**BRADENTON**

**FL**

Zip Code

**34202-4131**

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]*

**JAVIER TORO, PRESIDENT**

**3/31/06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTSD**  
**TORO, JAVIER**  
**5459 BENTGRASS DRIVE, APT. 111**  
**SARASOTA, FL 34243** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP**  
**TORO, NATALIE**  
**5459 BENTGRASS DRIVE, APT. 111**  
**SARASOTA, FL 34243** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
**8140 NATURES WAY UNIT 17**  
**BRADENTON, FL 34202-4131**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
**8140 NATURES WAY UNIT 17**  
**BRADENTON, FL 34202-4131**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*[Signature]*

**JAVIER TORO, PRESIDENT**

**3/31/06**

**941/373-3947**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #