

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000088983

FILED
Feb 02, 2009
Secretary of State

Entity Name: KASSEL'S APPLIANCE & A/C REPAIR INC.

Current Principal Place of Business:

7803 WINDWARD WAY
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

7803 WINDWARD WAY
ODESSA, FL 33556

New Mailing Address:

FEI Number: 59-3599376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRACE, RONALD E
19925 WINDMILL CIR.
ODESSA, FL 33556 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: PRES () Delete
Name: KASSEL, WILLIAM
Address: 7803 WINDWARD WAY
City-St-Zip: TAMPA, FL 33556

Title: VP () Delete
Name: KASSEL, DENISE
Address: 7803 WINDWARD WAY
City-St-Zip: TAMPA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: WILLIAM KASSEL

PRES

02/02/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date