## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000090210

Entity Name: "A PLUS" APPLIANCES, INC.

FORT PIERCE, FL 34945

City-St-Zip:

FILED Jan 18, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 510 N G ST LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 **Current Mailing Address: New Mailing Address:** 510 N G ST 512 N G ST LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 FEI Number: 65-0954838 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COCILOVO, FRANK COCILOVO, FRANK 510 N G ST 512 N G ST LAKE WORTH, FL 33460 US LAKE WORTH, FL 33460 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: 01/18/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition COCILOVO, FRANK Name: Name: 11496 BEACON PT LANE Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: SWARTZ, DAVID E JR. Name: 2510 S. ROCK RD. Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK COCILOVO P 01/18/2007