

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90026 031 \*\*\*150.00

**DOCUMENT # V03198**  
 1. Entity Name  
**APPLIANCE SERVICES OF LEE COUNTY, INC.**



Principal Place of Business: 9950 ORANGE RIVER BLVD FT MYERS, FL 33905  
 Mailing Address: 9950 ORANGE RIVER BLVD FT MYERS, FL 33905

40010060



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

02022005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: 65-0414893  
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOINER, SAMUEL A.  
 9950 ORANGE RIVER BLVD  
 FT MYERS, FL 33905

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City: **FL** Zip Code

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, 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	JOINER, SAMUEL A.	
STREET ADDRESS	6540 GARLAND ST	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	<del>VP</del>	<input type="checkbox"/> Delete
NAME	WALDEN, KIMBERLY	
STREET ADDRESS	6540 GARLAND ST	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CALVERT, DENNIS	
STREET ADDRESS	121 KIRBY THOMPSON	
CITY-ST-ZIP	ALVA, FL 33920	
TITLE	<del>ST</del>	<input type="checkbox"/> Delete
NAME	<del>LAVONNIE ORSINI</del>	
STREET ADDRESS	<del>Lehigh Acres, FL</del>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kimberly Walden	
STREET ADDRESS	6540 Garland St.	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAVONNIE ORSINI	
STREET ADDRESS	5514 Beauty St.	
CITY-ST-ZIP	Lehigh Acres, FL 33971	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 2-8-05  
 Daytime Phone #: 239-694-2992