


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0414893 Not Applicable

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

6. Name and Address of Current Registered Agent
JOINER, SAMUEL A.
9950 ORANGE RIVER BLVD
FT MYERS, FL 33905

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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 _____ (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	P
NAME	JOINER, SAMUEL A.
STREET ADDRESS	6540 GARLAND ST
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	VP
NAME	WALDEN, KIMBERLY
STREET ADDRESS	6540 GARLAND ST
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	ST
NAME	ORSINI, LAVONNIE
STREET ADDRESS	5514 BEAUTY ST
CITY-ST-ZIP	LEHIGH ACRES, FL 33971
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/03/06-80030-012 150.00

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: *Samuel A. Joiner* Date: 2-15-06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR