

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03198

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: APPLIANCE SERVICES OF LEE COUNTY, INC.

**Current Principal Place of Business:**

9950 ORANGE RIVER BLVD  
FT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

9950 ORANGE RIVER BLVD  
FT MYERS, FL 33905

**New Mailing Address:**

FEI Number: 65-0414893      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOINER, SAMUEL A.  
9950 ORANGE RIVER BLVD  
FT MYERS, FL 33905      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: P ( ) Delete  
Name: JOINER, SAMUEL A.,  
Address: 6540 GARLAND ST  
City-St-Zip: FT. MYERS, FL 33912

Title: VP ( ) Delete  
Name: WALDEN, KIMBERLY  
Address: 6540 GARLAND ST  
City-St-Zip: FORT MYERS, FL 33912

Title: ST ( ) Delete  
Name: ORSINI, LAVONNIE  
Address: 342 DELAWARE RD  
City-St-Zip: LEHIGH ACRES, FL 33736

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JOINER, SAMUEL A.,  
Address: 6540 GARLAND ST  
City-St-Zip: FT. MYERS, FL 33966

Title: VP (X) Change ( ) Addition  
Name: WALDEN, KIMBERLEY  
Address: 6540 GARLAND ST  
City-St-Zip: FORT MYERS, FL 33966

Title: ST (X) Change ( ) Addition  
Name: WALDEN, KIMBERLEY  
Address: 6540 GARLAND SST  
City-St-Zip: FT MYERS, FL 33966

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: SAMUEL JOINER

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

P

01/27/2009

\_\_\_\_\_ Date