## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

## Feb 19, 2004 8:00 am **Secretary of State** DOCUMENT # V10848 1. Entity Name 02-19-2004 90080 001 \*\*\*450.00 ACCURATE APPLIANCE INSTALLATIONS, INC. Principal, Place of Business Mailing Address PO BOX 2645 WINTER PARK FL 32970-2645 **66402404** 3804 N ORANGE BLOSSOM TRAIL UNIT F16 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3113570 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name \_ WINDHAM, WILMA S. Street Address (P.O. Box Number is Not Acceptable) 657 BALMÓRAL RD **WINTER PARK FL 32789** 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. · OFFICERS AND DIRECTORS 11. DVP Addition TITLE Delete TITLE ☐ Change WINDHAM, ROGER A., JR NAME NAME 1833 MAYWOOD RD STREET ADDRESS STREET ADDRESS WINTER PARK FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME. WINDHAM, WILMA S. NAME 657 BALMORAL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME WINDHAM, R. ALAN NAME STREET ADDRESS STREET ADDRESS 657 BALMORAL ROAD CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Change

Addition

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.

NAME

STREET ADDRESS CITY-ST-ZIP

R. ALAN WINDHAM 2/13/04 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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