

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # H29521

1. Entity Name
ALLIED APPRAISAL SERVICES, INC.



Principal Place of Business
**% GARY O. MAEHL
929 S.E. FIRST STREET
POMPAN0 BEACH, FL 33060**

Mailing Address
**% GARY O. MAEHL
929 S.E. FIRST STREET
POMPAN0 BEACH, FL 33060**



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2464708

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAEHL, GARY O.
929 S.E. FIRST STREET
POMPAN0 BEACH, FL 33060**

**DO NOT WRITE
IN THIS SPACE**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
MAEHL, GARY O.
3210 S.E. 10TH STREET
POMPAN0 BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
MAEHL, GLORIA
3210 S.E. 10TH STREET
POMPAN0 BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
GRASSMAN, VICTOR E
1802 SW GOLF LN
BOYNTON BEACH, FL 33426**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/09/05-80055-025 150.00

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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

Deputy Phone #