

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90081 040 ***150.00

DOCUMENT # H46765 1. Entity Name ENNIS APPRAISAL ASSOCIATES, INC.																																																																																																											
Principal Place of Business 4511 LEXINGTON AVE. JACKSONVILLE, FL 32210 US			Mailing Address 4511 LEXINGTON AVE. JACKSONVILLE, FL 32210 US																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																								
City & State			City & State																																																																																																								
Zip		Country		Zip																																																																																																							
Country		Country		4. FEI Number 59-2500848																																																																																																							
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable																																																																																																							
6. Name and Address of Current Registered Agent ENNIS, DUNCAN R SR 4511 LEXINGTON AVE. JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																							
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.				FL Zip Code																																																																																																							
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;"> P ENNIS, DUNCAN R SR 4511 LEXINGTON ST. JACKSONVILLE, FL 32210 </td> <td style="width: 20%; padding: 5px; text-align: right;"> ☐ Delete </td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;"> VP Anderson, Michael B. 4511 Lexington Avenue JACKSONVILLE, FL 32210 </td> <td style="width: 20%; padding: 5px; text-align: right;"> ☐ Change ☒ Addition </td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"> VP MULLEN, HENRY W 4511 LEXINGTON AVE. JACKSONVILLE, FL 32210 </td> <td style="padding: 5px; text-align: right;"> ☐ Delete </td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"> P Ennis, Rosanna B. 4511 Lexington Avenue JACKSONVILLE, FL 32210 </td> <td style="padding: 5px; text-align: right;"> ☐ Change ☒ Addition </td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"> VP REED, EDWARD 4511 LEXINGTON AVENUE JACKSONVILLE, FL 32210 </td> <td style="padding: 5px; text-align: right;"> ☒ Delete </td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px; text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px; text-align: right;"> ☐ Delete </td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px; text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	P ENNIS, DUNCAN R SR 4511 LEXINGTON ST. JACKSONVILLE, FL 32210	☐ Delete	TITLE	VP Anderson, Michael B. 4511 Lexington Avenue JACKSONVILLE, FL 32210	☐ Change ☒ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	VP MULLEN, HENRY W 4511 LEXINGTON AVE. JACKSONVILLE, FL 32210	☐ Delete	TITLE	P Ennis, Rosanna B. 4511 Lexington Avenue JACKSONVILLE, FL 32210	☐ Change ☒ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	VP REED, EDWARD 4511 LEXINGTON AVENUE JACKSONVILLE, FL 32210	☒ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u>Duncan R. Ennis</u> Duncan R. Ennis <u>2/25/05</u> 904-387-4467 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																											