2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 03, 2005
Secretary of State

DOCUMENT# H46765

Entity Name: ENNIS APPRAISAL ASSOCIATES, INC.

Current Principal Place of Business:

4511 LEXINGTON AVE.
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

4511 LEXINGTON AVE.
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 59-2500848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENNIS, DUNCAN R SR
4511 LEXINGTON AVE.
JACKSONVILLE, FL 32210 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ENNIS, DUNCAN R SR
Address: 4511 LEXINGTON ST.
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP ( ) Delete
Name: MULLEN, HENRY W
Address: 4511 LEXINGTON AVE.
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VP ( ) Delete
Name: GARLICK, RALPH R JR
Address: 4511 LEXINGTON AVE.
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VP ( ) Delete
Name: ANDERSON, MICHAEL B
Address: 4511 LEXINGTON AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: ENNIS, ROSANNE B
Address: 4511 LEXINGTON AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: BROCK, FREDERICK M
Address: 4511 LEXINGTON AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DUNCAN R ENNIS P 08/03/2005

Electronic Signature of Signing Officer or Director — Date