

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J41957

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** CONSORTIUM APPRAISAL & CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

180 S KNOWLES AVE  
SUITE 3  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

DRAWER 2129  
WINTER PARK, FL 32790

**New Mailing Address:**

**FEI Number:** 59-2749111

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLLISON JR., HARRY  
180 S KNOWLES AVE  
SUITE 3  
WINTER PARK, FL 32789 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: DVS  
Name: COLLISON, HARRY W., JR.  
Address: 180 S KNOWLES AVE SUITE 3  
City-St-Zip: WINTER PARK, FL 32789 US

Title: DP  
Name: WOOD, PHILIP F.  
Address: 180 S KNOWLES AVE SUITE 3  
City-St-Zip: WINTER PARK, FL 32789 US

I hereby 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 all other like empowered.

SIGNATURE: HARRY W COLLISON, JR

DVS

01/07/2011

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

\_\_\_\_\_  
Date