



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M77148</b> 1. Entity Name <b>INDEPENDENT GEMOLOGICAL APPRAISERS, INC.</b>			
Principal Place of Business <b>3107 MAGDALENE FOREST CT TAMPA, FL 33618</b>		Mailing Address <b>3107 MAGDALENE FOREST CT TAMPA, FL 33618</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01262008 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-2931650</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MORRISON, ROBERT B., JR. 1516 8TH AVENUE TAMPA, FL 33605</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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: <u><i>Darlene J. Butler</i></u> <b>Darlene J. Butler</b> <u>3/17/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000866946 04/08/08-80050-014 150.00</b>
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTLER, DARLENE 3107 MAGADALENE FRST CT TAMPA, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUTLER, MICHELYN 3107 MAGDALENE FRST CT TAMPA, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUTLER, MIKE 3107 MAGDALENE FRST CT TAMPA, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> <u><i>Darlene J. Butler</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/17/08</u> Date	<u>813-968-6707</u> Daytime Phone #