

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90126 001 ***150.00

50051642



05062005 No Chg-P CR2E034 (10/03)

4. FEI Number	Applied For
59-3712078	Not Applicable

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

DOCUMENT # P01000034014

1. Entity Name
THOMAS APPRAISAL GROUP, INC.



Principal Place of Business
2105 PARK AVE.
STE. 27
ORANGE PARK, FL 32073

Mailing Address
2105 PARK AVENUE
STE 27
ORANGE PARK, FL 32073

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

WEISFLOG, THOMAS P
493 CODY DR
ORANGE PARK, FL 32073

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAUSE, MELINDA J
STREET ADDRESS	6266 BANAMA COURT
CITY-ST-ZIP	ORANGE PARK, FL 32063
TITLE	VP, P
NAME	WEISFLOG, THOMAS P
STREET ADDRESS	493 CODY DRIVE
CITY-ST-ZIP	ORANGE PARK, FL 32073
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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IN THIS SPACE**

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: Thomas Weisflog
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/05 904.269.2600
Date Daytime Phone #