

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000043574

1. Entity Name  
EXECUTIVE APPRAISALS, INC.



Principal Place of Business  
20903 LAKE TALIA BLVD.  
LAND O LAKES, FL 34638

Mailing Address  
20903 LAKE TALIA BLVD.  
LAND O LAKES, FL 34638

FILED

Aug 08, 2008 08:00 AM  
Secretary of State



07312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
54-2105269

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

FARMER, ANTHONY  
20903 LAKE TALIA BLVD.  
LAND O LAKES, FL 34638

DO NOT WRITE  
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000957366

08/08/08-80006-012 150.00

DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008

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 PD  
NAME FARMER, ANTHONY  
STREET ADDRESS 20903 LAKE TALIA BLVD.  
CITY-ST-ZIP LAND O LAKES, FL 34638

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anthony Farmer 8/1/08 813 310 8733