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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000038614

1. Entity Name
A.S.A.P. APPRAISAL SERVICES, INC.

Principal Place of Business	Mailing Address
11911 NW 2ND STREET CORAL SPRINGS, FL 33071 US	11911 NW 2ND STREET CORAL SPRINGS, FL 33071 US

DO NOT WRITE IN THIS SPACE

02272004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0506287
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOLINO, ROBERT A
11911 NW 2ND STREET
CORAL SPRINGS, FL 33071

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: ✓ Robert A. Folino — Digitally signed by Robert A. Folino DN: cn=Robert A. Folino, c=US Date: 2004.02.27 11:30:31 -05'00' — 2/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

000000073345
-02/04-80032-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FOLINO, ROBERT A
STREET ADDRESS	11911 NW 2ND STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	VT
NAME	FOLINO, CARMEN
STREET ADDRESS	11911 N.W. 2ND STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: ✓ Robert A. Folino — Digitally signed by Robert A. Folino — 2/27/04 — 954-255-5728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #