


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90045 023 \*\*\*150.00

**DOCUMENT # P94000065266**

1. Entity Name  
**TOWNSEND APPRAISALS, INC.**



Principal Place of Business: **1020 8TH AVENUE SOUTH SUITE 11 NAPLES FL 34102**


Mailing Address: **1020 8TH AVENUE SOUTH SUITE 11 NAPLES FL 34102**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0515135**

Applied For:  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LOGAN, CHARLES L**  
**1020 8TH AVENUE SOUTH SUITE 11**  
**NAPLES FL 33940**

**7. Name and Address of New Registered Agent**

Name: **Logan, Charles L.**

Street Address (P.O. Box Number is Not Acceptable): **1020 8th Avenue S., Suite 11**

City: **Naples** State: **FL** Zip Code: **34102**

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: Charles L. Logan, Pres Charles L. Logan DATE: 1-27-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	LOGAN, CHARLES L	
STREET ADDRESS	1020 8TH AVENUE SOUTH SUITE 11	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	V	<input type="checkbox"/> Delete
NAME	TOWNSEND, BARBARA J.	
STREET ADDRESS	1020 8TH AVE SOUTH, SUITE 11	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	V	<input type="checkbox"/> Delete
NAME	TOWNSEND, ROBERT N	
STREET ADDRESS	1020 8TH AVENUE SUTH SUITE 11	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Charles L. Logan Charles L. Logan DATE: 1-27-05 (239) 435-1008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #