

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000044162

FILED  
Jan 20, 2005  
Secretary of State

Entity Name: LIGHTNING APPRAISAL SERVICES, INC.

## Current Principal Place of Business:

7340 TWIN EAGLE LN  
FORT MYERS, FL 33912

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 101293  
CAPE CORLA, FL 33910

## New Mailing Address:

P.O. BOX 61005  
FORT MYERS, FL 33906

FEI Number: 65-0919875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EVANS, CONNIE D  
7340 TWIN EAGLE LN  
FORT MYERS, FL 33912 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: EVANS, CONNIE  
Address: 7340 TWIN EAGLE LN  
City-St-Zip: FORT MYERS, FL 33912

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: EVANS, CONNIE D  
Address: 7340 TWIN EAGLE LN  
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE EVANS

PD

01/20/2005

Electronic Signature of Signing Officer or Director

Date