

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90078 038 ***150.00

DOCUMENT # P02000029387

1. Entity Name
PINPOINT APPRAISALS, INC



Principal Place of Business Mailing Address
100 N. E. 26TH DRIVE **100 N. E. 26TH DRIVE**
FT. LAUDERDALE, FL 33334 **FT. LAUDERDALE, FL 33334**

94052913

2. Principal Place of Business 3. Mailing Address
1985 Michigan Ave NE **1985 Michigan Ave NE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



04122004 Chg-P CR2E034 (10/03)

City & State City & State
St. Petersburg, FL **St. Petersburg, FL**
 Zip Country Zip Country
33703 **USA** **33703** **USA**

4. FEI Number Applied For
01-0631279 Not Applicable

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

6. Name and Address of Current Registered Agent
HARKER, PATRICK J
100 N. E. 26TH DRIVE
FT. LAUDERDALE, FL 33334

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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) 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	HARKER, PATRICK J
STREET ADDRESS	100 N. E. 26TH DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 of justice 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:  **4/13/04** **727 582 6062**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #