

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000068949

**Entity Name:** ACCURATE PROPERTY VALUES, INC.

**Current Principal Place of Business:**

2993 SUMMER SWAN DRIVE  
ORLANDO, FL 32825

**Current Mailing Address:**

P. O. BOX 561301  
ORLANDO, FL 32856

**FEI Number: 26-3034568**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DISTLER, MICHELE L  
2993 SUMMER SWAN DRIVE  
ORLANDO, FL 32825 US

*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

**Officer/Director Detail :**

Title P  
Name NEAL, WILLIAM M  
Address P. O. BOX 561301  
City-State-Zip: ORLANDO FL 32856

Title VP  
Name DISTLER, STEPHEN M  
Address 2993 SUMMER SWAN DRIVE  
City-State-Zip: ORLANDO FL 32825

Title TREA  
Name NEAL, SHARLENE R  
Address P. O. BOX 561301  
City-State-Zip: ORLANDO FL 32856

Title SECT  
Name DISTLER, MICHELE L  
Address 2993 SUMMER SWAN DRIVE  
City-State-Zip: ORLANDO FL 32825

*I hereby 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 all other like empowered.*

**SIGNATURE: WILLIAM NEAL**

**PRESIDENT**

**04/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date