

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 467264

FILED
Mar 02, 2009
Secretary of State

Entity Name: APPRAISAL SERVICES, INC.

Current Principal Place of Business:

500 S. CYPRESS ROAD
POMPANO BEACH, FL 33060

New Principal Place of Business:

500 S. CYPRESS ROAD
SUITE 6
POMPANO BEACH, FL 33060

Current Mailing Address:

500 S. CYPRESS ROAD
POMPANO BEACH, FL 33060

New Mailing Address:

500 S. CYPRESS ROAD
SUITE 6
POMPANO BEACH, FL 33060

FEI Number: 59-1610433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLISON, SUE
500 S CYPRESS RD
POMPANO BCH, FL 33060 US

Name and Address of New Registered Agent:

ALLISON, SUE
500 S CYPRESS RD
SUITE 6
POMPANO BCH, FL 33060 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: SUE ALLISON

03/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALLISON, WILLIAM,
Address: 500 S CYPRESS RD
City-St-Zip: POMPANO BCH, FL 00000,

Title: SDV () Delete
Name: ALLISON, SUE,
Address: 500 S CYPRESS RD
City-St-Zip: POMPANO BCH, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALLISON, WILLIAM,
Address: 500 S CYPRESS RD, SUITE 6
City-St-Zip: POMPANO BCH,, FL 33060 US

Title: SDV (X) Change () Addition
Name: ALLISON, SUE,
Address: 500 S CYPRESS RD, SUITE 6
City-St-Zip: POMPANO BCH,, FL 33060 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SUE ALLISON

VP

03/02/2009

Electronic Signature of Signing Officer or Director

Date