

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 467264

FILED  
Jan 31, 2011  
Secretary of State

**Entity Name:** APPRAISAL SERVICES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
SUITE 6  
POMPANO BCH, FL 33060 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

**OFFICERS AND DIRECTORS:**

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

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

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: SUE ALLISON

VP

01/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date