

Apr 25,
Secr

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 658942

1. Entity Name
PALM BEACH APPRAISERS & CONSULTANTS, INC.



Principal Place of Business
1300 N. CONGRESS AVE.
W PALM BCH, FL 33409-6393 US

Mailing Address
1300 N. CONGRESS AVE.
W PALM BCH, FL 33409-6393 US



04202005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-1980257

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KERR, JAMES E
1300 N. CONGRESS AVENUE
WEST PALM BEACH, FL 33409

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1000000329671
04/25/05-00125-021-150.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
KERR, JAMES E
1300 N. CONGRESS AVENUE
W PALM BCH, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
KERR, VIVIAN S
1300 N CONGRESS AVE
W PALM BCH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 or trustee 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 fee empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. KERR 4/22/05 (561) 689-8608

v Date

Daytime Phone #