

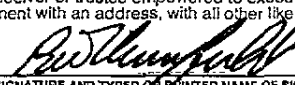


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F28156</b> 1. Entity Name ARMFIELD-WAGNER APPRAISAL AND RESEARCH, INC.			
Principal Place of Business 1940-10TH AVE. P.O. BOX 791 VERO BEACH, FL 32960		Mailing Address 1940-10TH AVE. P.O. BOX 791 VERO BEACH, FL 32960	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 03032004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-2080115		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  ARMFIELD, PETER D 1940 10TH AVE VERO BEACH, FL 32960		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000078386 03/08/04-80023-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARMFIELD, PETER D 1940 10TH AVE VERO BEACH, FL 32960	<b>DO NOT WRITE IN THIS SPACE</b>	
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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 like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Peter D. Armfield 3-3-04 772-562-0532 Date Daytime Phone #	