


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # G23603 1. Entity Name APPRAISAL ANALYSTS, INC.	
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Principal Place of Business 725 S. US HIGHWAY 1 FT PIERCE, FL 34950 US	Mailing Address 725 S. US HIGHWAY 1 FT PIERCE, FL 34950 US
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DO NOT WRITE IN THIS SPACE

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2403289	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

PENNY, KENNETH A
726 36TH AVE
VERO BEACH, FL 32968

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROWN, MICHAEL J 3117 S INDIAN RIVER DRIVE FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT PENNY, KENNETH 726 36TH AVE VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTIUSTE, TONI 15342 WALDO PEPPER DR PORT SAINT LUCIE, FL 34987
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANKLE, DAVID C 1075 31ST AVE VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

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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)(f), 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**

Date: 1/5/05 Daytime Phone #