

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 30, 2004 8:00 am**  
**Secretary of State**

09-30-2004 90011 012 \*\*\*150.00

**DOCUMENT # G27978**

1. Entity Name  
**AMERICAN EAGLE APPRAISERS, INC.**



Principal Place of Business  
**2221 TAMiami TR  
STE E  
PORT CHARLOTTE, FL 33952 US**

Mailing Address  
**PO BOX 495249  
PT. CHARLOTTE, 33949 US**

**54073649**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09012004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-2257543**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOLE, ROBERT A  
169 CARLISLE AVE. N.W.  
PORT CHARLOTTE, FL 33952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Robert A Kola* **Robert A Kola**

**9-24-04**

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete  
NAME **KOLE, ROBERT A**  
STREET ADDRESS **169 CARLISLE AVE. N.W.**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **VS** ☐ Delete  
NAME **KOLE, KEBE**  
STREET ADDRESS **169 CHARLISLE AVE. N.W.**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Robert A Kola* **Robert A Kola**

**9-24-04 9416251422**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

34015017  
Doc # G27978  
American Eagle Appraisers, Inc.  
P.O. Box 495249  
Port Charlotte, FL 33949  
(941) 625-1422

September 24, 2004

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

This notice was received after June of 2004. Please waive the \$400.00 late fee.

Sincerely,

  
Robert A. Kole  
President