

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G33280**

1. Entity Name  
APPRAISAL CORPORATION OF THE SOUTH, INC.



Principal Place of Business  
2 DAVID ST.  
STE G  
FORT WALTON BEACH, FL 32547

Mailing Address  
2 DAVID ST.  
STE G  
FORT WALTON BEACH, FL 32547

**DO NOT WRITE IN THIS SPACE**



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2300008

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SHAW, EDMOND R.  
2 DAVID ST.  
STE G  
FT. WALTON BEACH, FL 32548

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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

Signature, typed or printed name of registered agent and title if applicable.

(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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SHAW, EDMOND R
STREET ADDRESS	1406 SOUND RETREAT DR.
CITY-ST-ZIP	NAVARRE, FL
TITLE	ST
NAME	BEAL, ROBY A. JR.
STREET ADDRESS	2 DAVID ST. -STE G
CITY-ST-ZIP	FT WALTON BCH, FL
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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03/11/05-80009-015 150.00

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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

ROBY A. BEAL, JR. 3/7/05 8502444307

AS SECRETARY/TREASURER

Daytime Phone #