

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J19831

Entity Name: AFFILIATED APPRAISERS, INC.

FILED  
Sep 08, 2007  
Secretary of State

## Current Principal Place of Business:

2311 ALT 19  
STE 2  
PALM HARBOR, FL 34683

## New Principal Place of Business:

1683 SPOTTSWOOD CIR  
PALM HARBOR, FL 34683

## Current Mailing Address:

1683 SPOTTSWOOD CIRCLE  
PALM HARBOR, FL 34683

## New Mailing Address:

FEI Number: 59-2707833      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VANDERLAAN, ROBERT D  
1683 SPOTTSWOOD CIRCLE  
PALM HARBOR, FL 34683      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: VANDER LAAN, ROBERT, D.  
Address: 1683 SPOTTSWOOD CIRCLE  
City-St-Zip: PALM HARBOR, FL

Title: PD ( ) Delete  
Name: VANDER LAAN, DONNA M.  
Address: 1683 SPOTTSWOOD CIR  
City-St-Zip: PALM HARBOR, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA M VANDERLAAN

PD

09/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date