

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011256

FILED
Mar 09, 2009
Secretary of State

Entity Name: RAYMOND APPRAISAL SERVICES, INC.

Current Principal Place of Business:

3837 NORTH DALE BLVD
33624-1841
TAMPA, FL 336241841

New Principal Place of Business:

Current Mailing Address:

3837 NORTH DALE BLVD
33624-1841
TAMPA, FL 336241841

New Mailing Address:

FEI Number: 59-3620531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAYMOND, KARIN LYNN
338 SENECA FALLS DR.
APOLLO BEACH, FL 33572 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: PTD () Delete
Name: RAYMOND, JOHN D
Address: 1017 PEACHWOOD DR
City-St-Zip: BRANDON, FL 33510

Title: SVD () Delete
Name: RAYMOND, DERIC S
Address: 16151 GARDENDALE DR
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: RAYMOND, JOHN D
Address: 1017 PEACHWOOD DR
City-St-Zip: BRANDON, FL 33511

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: DERIC S. RAYMOND

SVD

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date