## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000040765 1. Entity Name

DELUCA APPRAISAL SERVICES, INC.

**FILED** Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2281 CAROLYN DRIVE DUNEDIN, FL 34698

2281 CAROLYN DRIVE DUNEDIN, FL 34698



CR2E034 (11/05)

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

03192007 No Chg-P  4. FEI Number 59-3639814		CR2E034 (11/05)		
			Applied For	
		Ţ	Not Applicab	
		¢0.76	A 240:1	

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

DELUCA, SUSAN 2281 CAROLYN DRIVE DUNEDIN, FL 34698

## DO NOT WRITE 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 NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	- 1		<u> </u>		
NAME STREET ADDRESS CITY-ST-ZIP	P DELUCA, SUSAN 2281 CAROLYN DRIVE DUNEDIN, FL 34698						
NAME STREET ADDRESS CITY-ST-ZIP					000000679803 04/03/07-80052-018 150.00		
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·					
indicated of the cor	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or turistee empowered, or on an attachment with an address, with a	and accurate and that my sign d to execute this report as rec	exemptions cor nature shall hav quired by Chapt	atained in Chapter 119 e the same legal effer er 607, Florida Statute	<ol> <li>Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if</li> </ol>		

DFFICER OR DIRECTOR