


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90329 002 \*\*\*150.00

<b>DOCUMENT # P00000050303</b> 1. Entity Name <b>CAPE COAST APPRAISERS, INC.</b>					
Principal Place of Business <b>633 BREVARD AVE. COCOA, FL 32922</b>			Mailing Address <b>633 BREVARD AVE. COCOA, FL 32922</b>		
2. Principal Place of Business <b>1384 Heritage Acres Blvd</b> Suite, Apt. #, etc.			3. Mailing Address <b>1384 Heritage Acres Blvd</b> Suite, Apt. #, etc.		
City & State <b>Rockledge FL</b>			City & State <b>Rockledge FL</b>		
Zip <b>32955</b>		Country <b>Brevard</b>		4. FEI Number <b>59-3645194</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CLARKE, ROBERT J 1384 HERITAGE ACRES BLVD. ROCKLEDGE, FL 32955</b>			7. Name and Address of New Registered Agent Name <b>Robert J Clarke</b> Street Address (P.O. Box Number is Not Acceptable) <b>1766 Castle Dr</b> City <b>Titusville</b> <b>FL</b> Zip Code <b>32796</b>		
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 <u><i>[Signature]</i></u> DATE <u>4/15/05</u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	D <b>CLARKE, ROBERT J 1766 CASTLE DR. TITUSVILLE, FL 32796</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D <b>CLARKE, KAREN A 1766 CASTLE DR. TITUSVILLE, FL 32796</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>[Signature]</i></u> DATE: <u>4/15/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**50037899**



04152005 Chg-P CR2E034 (10/03)