


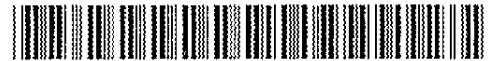
**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000052889</b> 1. Entity Name ORLANDO APPRAISAL COMPANY, INC.	
---	---

Principal Place of Business 1850 LEE RD, STE 122 WINTER PARK, FL	Mailing Address 1850 LEE RD, STE 122 WINTER PARK, FL
--	--

**DO NOT WRITE IN THIS SPACE**



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3652307	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  WRIGHT, CECIL 1850 LEE RD, STE 122 WINTER PARK, FL	<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000120047 04/19/04-80119-017 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
FILE NAME STREET ADDRESS CITY-STATE-ZIP	D WRIGHT, CECIL 1850 LEE RD STE 122 WINTER PARK, FL
FILE NAME STREET ADDRESS CITY-STATE-ZIP	
FILE NAME STREET ADDRESS CITY-STATE-ZIP	
FILE NAME STREET ADDRESS CITY-STATE-ZIP	
FILE NAME STREET ADDRESS CITY-STATE-ZIP	
FILE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  CECIL WRIGHT	Date _____	Daytime Phone # (407) 647-1800
---	------------	--------------------------------