

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90017 037 ***150.00

DOCUMENT # P00000058227																																																																																																																																			
1. Entity Name LASOL APPRAISAL SERVICES, P.A.																																																																																																																																			
Principal Place of Business 5057 TAMARIND RIDGE DR. NAPLES, FL 34119			Mailing Address 5057 TAMARIND RIDGE DR. NAPLES, FL 34119																																																																																																																																
2. Principal Place of Business 5075 TAMARIND RIDGE DR		3. Mailing Address 5075 TAMARIND RIDGE DR																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01272004 Chg-P CR2E034 (10/03)																																																																																																																															
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 59-3660232																																																																																																																															
Zip 34119		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent SOLAKIAN, JOHN A 243 PINE VALLEY CIR. NAPLES, FL 34113			7. Name and Address of New Registered Agent Name: SOLAKIAN, JOHN A. Street Address (P.O. Box Number is Not Acceptable): 223 SILVERADO DRIVE City: NAPLES FL Zip Code: 34119																																																																																																																																
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>1/28/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>1/28/04</u> Daytime Phone #: <u>239-455-8199</u>																																																																																																																															