

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90199 028 ***150.00

| | | | | | |
|--|---------------------------------|---|--|---|--|
| DOCUMENT # P00000086125 | | | | | |
| 1. Entity Name WITHERINGTON APPRAISAL SERVICES, INC. | | | | | |
| Principal Place of Business 8020 DEERWOOD CIRCLE TAMPA, FL 33610 | | | Mailing Address 8020 DEERWOOD CIRCLE TAMPA, FL 33610 | | |
| 2. Principal Place of Business 6406 N. QUEENSWAY DR. Suite, Apt. #, etc. | | 3. Mailing Address 6406 N. QUEENSWAY DR. Suite, Apt. #, etc. | | | |
| City & State Temple Terrace, FL Zip 33617 Country Hillsborough | | City & State Temple Terrace, FL Zip 33617 Country Hillsborough | | 04102004 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 59-3670927 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WITHERINGTON, DAVID D 8020 DEERWOOD CIRCLE TAMPA, FL 33610 | | | 7. Name and Address of New Registered Agent Name: DAVID D. WITHERINGTON Street Address (P.O. Box Number is Not Acceptable): 6406 N. QUEENSWAY DRIVE City: Temple Terrace FL Zip Code: 33617 | | |
| 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: <i>David D. Witherington</i> DAVID D. WITHERINGTON 4-10-2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE: PD NAME: WITHERINGTON, DAVID D STREET ADDRESS: 8020 DEERWOOD CIRCLE CITY-ST-ZIP: TAMPA, FL 33610 | <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 | |
| 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: <i>David D. Witherington</i> DAVID D. WITHERINGTON 4/10/2004 899-4664 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |