

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086200

FILED
Apr 04, 2005
Secretary of State

Entity Name: ABSOLUTE APPRAISAL SERVICES, INC.

Current Principal Place of Business:

2191 JULIAN AVE #4
PALM BAY, FL 32905

New Principal Place of Business:

2951 HESSEY STREET NE
SUITE 2
PALM BAY, FL 32905

Current Mailing Address:

2191 JULIAN AVE #4
PALM BAY, FL 32905

New Mailing Address:

2951 HESSEY STREET NE
SUITE 2
PALM BAY, FL 32905

FEI Number: 59-3672306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLSTON, JOSHUA
1288 ST. ANDREWS DR
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLSTON, JOSHUA
Address: 1288 ST. ANDREWS DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP () Delete
Name: HAMMER, BILL
Address: 2920 COREY RD
City-St-Zip: MALABAR, FL 32950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSHUA HOLSTON

PRES

04/04/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date