

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000086200**

1. Entity Name  
**ABSOLUTE APPRAISAL SERVICES, INC.**



Principal Place of Business  
 2951 HESSEY AVENUE NE  
 SUITE 2  
 PALM BAY, FL 32905

Mailing Address  
 2951 HESSEY AVENUE NE  
 SUITE 2  
 PALM BAY, FL 32905



04242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3672306** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating).

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000948516  
 06/02/08-80059-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HOLSTON, JOSHUA
STREET ADDRESS	1288 ST. ANDREWS DR
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	VP
NAME	HAMMER, BILL
STREET ADDRESS	2920 COREY RD
CITY-ST-ZIP	MALABAR, FL 32950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Joshua Holston*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

(321) 725-6838

Date

Daytime Phone #