

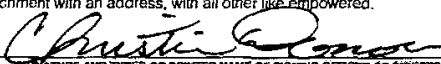


Jan 31, 2  
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**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P00000091634</b>		
1. Entity Name <b>DONOVAN APPRAISAL COMPANY</b>		
Principal Place of Business 1500 COLONIAL BLVD STE 219 FORT MYERS, FL 33907		Mailing Address 1500 COLONIAL BLVD STE 219 FORT MYERS, FL 33907
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01282004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-1064943 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  DONOVAN, CHRISTINE M 1500 COLONIAL BLVD STE 219 FORT MYERS, FL 33907		<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 reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T DONOVAN, CHRISTINE M P/T 1500 COLONIAL BLVD STE 219 FORT MYERS, FL 33907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S DONOVAN, ROBERT S V/S 1500 COLONIAL BLVD STE 219 FORT MYERS, FL 33907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/28/04 239-340-2744 <small>Date Daytime Phone #</small>