

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000116897
1. Entity Name
EOLA APPRAISAL SERVICE, INC.



Principal Place of Business Mailing Address
711 RIDGEWOOD STREET 711 RIDGEWOOD STREET
ORLANDO, FL 32803 ORLANDO, FL 32803



DO NOT WRITE IN THIS SPACE

08272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3193922 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FLANKEY, KEVIN
711 RIDGEWOOD STREET
ORLANDO, FL 32803

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FLANKEY, KEVIN S 711 RIDGEWOOD STREET ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000377238
08/29/05-80002-001 550.00

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IN THIS SPACE**

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: Kevin Flankey, Pres. 8/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #