2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000688

FILED Apr 29, 2004 Secretary of State

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Entity Na	me: MID FLO	RIDA APPRAISAL SERVICES	INC.				
Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:			
5000 OILAL				•			
5038 SIMN	710NS RD. D. FL 32812						
	,						
Current N	lailing Addre	ss:	New Maili	New Mailing Address:			
5038 SIMN	IONS RD.						
	D, FL 32812						
FEI Number: 59-3695887 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ())	
,							
Name and	Address of G	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
FLEITES, OVIDIO				FLEITES, OVIDIO			
	GMEADE LAN D, FL 32822	E		5038 SIMMONS ROAD ORLANDO, FL 32822			
ORLANDO	J, I L 32022		ORLANDO), I L 32022	•		
T	1 121						
in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing	its registere	d office or registered agent, or l	ooth,	
					0.4/00/0004		
SIGNATUI				04/29/2004			
	Electro	nic Signature of Registered Ago	ent		Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().					
offices.	C AND DIDEC	TORO	ADDITION	IO (OLLANO)	50 TO OFFICERS AND DIDE		
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANG	ES TO OFFICERS AND DIREC	JIORS:	
Title:	,) Delete	Title:		() Change () Addition		
Name:	FLEITES, OVI		Name:				
Address:	5038 SIMMON		Address:				
City-St-Zip:	ORLANDO, FL	32812	City-St-Zip:				
Title:	D () Delete	Title:	D	(X) Change () Addition		
Name:	FLEITES, OVII	DIO J	Name:	FLEITES, O	VIDIO J		
Address:	5038 SIMMONS RD.		Address:	5044 SIMM	ONS RD.		
City-St-Zip:	ORLANDO, FL	32812	City-St-Zip:	ORLANDO,	FL 32812		
Title:	D () Delete	Title:		() Change () Addition		
Name:	FLEITES, BLA		Name:		· , • • • • • • • • • • • • • • • • • •		
Address:	5038 SIMMON		Address:				
Citv-St-Zip:	ORLANDO, FL		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: OVIDIO FLEITES 04/29/2004 D