

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000000688 1. Entity Name MID FLORIDA APPRAISAL SERVICES, INC.		
Principal Place of Business 5038 SIMMONS RD. ORLANDO, FL 32812	Mailing Address 5038 SIMMONS RD. ORLANDO, FL 32812	
DO NOT WRITE IN THIS SPACE		
07302005 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-3695887		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FLEITES, OVIDIO 5038 SIMMONS ROAD ORLANDO, FL 32822		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 </div> <div> 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FLEITES, OVIDIO 5038 SIMMONS RD. ORLANDO, FL 32812	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FLEITES, BLANCA J 5038 SIMMONS RD. ORLANDO, FL 32812	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE	
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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)(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 full power like empowered		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

U00000378055
09/09/05-80003-023 \$50.00