

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90332 002 ***158.75

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DOCUMENT # P01000011407

1. Entity Name
MERRITT APPRAISAL SERVICES, INC.



Principal Place of Business
**P.O. BOX 20052
TALLAHASSEE, FL 32304**

Mailing Address
**1560 CAPITAL CIRCLE, NW
TALLAHASSEE, FL 32303**

2. Principal Place of Business
**1180 Spring Center Blvd
Suite 123
Altamonte Springs, FL
32714**

3. Mailing Address
**1180 Spring Center Blvd
Suite 123
Altamonte Springs, FL
32714**

04062005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3695126

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ODOM, DAVID M
1303 BURGESS DR.
TALLAHASSEE, FL 32304**

7. Name and Address of New Registered Agent
Name **Odom, David M.**
Street Address (P.O. Box Number is Not Acceptable)
**1180 Spring Center Blvd
Suite 123**
City **Altamonte Springs** **FL** Zip Code **32714**

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 **4/14/05**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ODOM, DAVID M 1303 BURGESS DR. TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete <i>← just changing address</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Odom, David M. 1180 Spring Center Blvd, Ste 123 Altamonte Spring, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: DATE **4/14/05** 321-377-4317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR