2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000035635

1. Entity Name

LESA'S PROPERTY APPRAISERS INC



Mailing Address

5815 NW ZENITH DR. 8404 CORAL LAKE WAY # 12 PORT SAINT LUCIE, FL 34986

Principal Place of Business

5815 NW ZENITH DR. 8404 CORAL LAKE WAY # 12 PORT SAINT LUCIE, FL 34986

FILED Jun 09, 2004 08:00 AM Secretary of State



03282003

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1090865 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8.	Name and Ad	idress of	Current Register	red Agent

GONZALEZ, LESA 5815 NW ZENITH DR. BLD 12

PORT SAINT LUCIE, FL 34986

DO	NOT	WRITE
IN	THIS	SPACE

PORT SAINT LUCIE, FL 34986		iit iiilo oi Ace			
8. The above named gnitty 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 a the obligations of digistered agent. SIGNATURE SIGNATURE Signature types or printed registered agent and tilt hypotheable (NOTE Registered Agent signature required when reinstating) OATE					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTIFIE TITLE P NAME GONZALEZ, LESA STREET ADDRESS 5815 NW ZENITH DR. CRY-ST-ZIP PORT SAINT LUCIE, FL 34986	CTORS		U00000162342 06/03/04-80002-020 150.00		
TITLE VP NAME GONZALEZ, SALVADOR STREET ADDRESS 5815 NW ZENITH DR. CITY-ST-Z#P PORT SAINT LUCIE, FL 34986					
THEE NAME STREET ADDRESS CITY-ST-ZIP		-	NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE		
TRILE NAME STREIT ADDRESS CRIY-ST-ZIP					
BITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this findicated on this report or supplemental report is true	filing does not qualify for the exemption and accurate and that my signature is	on stated in Section 119.07(3 shall have the same legal effe	(i), Florida Statutes. I further certify that the information ect as if made under oath; that I am an officer or director.		

122 Thereby certify that the information supplied with this tilling doce not qualify for the exemptor stated in Section 1.19.07(3)), Foliota Statutes. In timer certify that the information indicated on this report or supplierental report is true and accurate and that my signature shall have the same legal effort 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:

TYPEO OR PRINTED NAME OF STONING OFFICER OR DIRECTO

6-4-04 772.878-8224

Daylime Phone